

OCCUPATIONAL INSURANCE
ACCIDENT AND ILLNESS INSURANCE, OWN OCCUPATION
WORLDWIDE 24 HOUR COVERAGE.



PROPOSAL

All questions must be answered in full where appropriate. Please complete all details in block capitals and initial any alterations. It is essential that you provide details of all material facts. A material fact is one that would be likely to influence the Underwriter's assessment and/or acceptance of your Proposal. If you are in any doubt as to whether a particular item of information is material you should disclose it. Failure to disclose all material facts may invalidate your insurance or may result in the insurance not operating fully. You should keep a record of all the information that you supply in connection with this Insurance (including copies of letters). Underwriters reserve the right to decline any proposal. No cover is in force until acceptance is confirmed by the Underwriters. Icelandic law governs unless otherwise agreed. If the answer to any question is "Not applicable" or "None" please state so in your answer. An incomplete answer may lead to delay.

1. Details of payee if other than the insured.

Name _____
Dob/id no

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 address _____

2. Details of the person to be insured.

Full name _____
address _____
phones and email address _____
dob/id no

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 height cm _____ weight kg _____

3. Occupation (if more than one state all) _____
_____ Exact details of any occupation other than administrative or desk job. Own occupation? yes no

4. Period of cover: 1 ár. Soonest As of date ____ ____ ____ Class: 1 2 3 4

5. **Cover required.** Accident / illness Accident only Premium kr. _____

a **Death by accident,** kr. _____

b **Permanent total disability** from usual occupation by accident / illness and loss or loss of use of eyes and/or limbs by accident/illness kr. _____

c **Temporary total disability** from usual occupation by accident / illness and loss or loss of use of eyes and/or limbs by accident/illness kr. _____ a week. Excess 14 days. Period 102 weeks.

d **Emergency cover:** Medical expenses and evacuation by accident / illness, kr. _____

6. Have you any physical defects or infirmity, or any defect of your sight or hearing or other senses or faculties?..... yes no

7. Do you intend or anticipate that you might:

a. Travel extensively or reside temporarily outside the EES? yes no

b. Undertake more than 20 air flights p. a. or fly other than as a fare paying passenger?.. yes no

c. Ride motor cycles or snow scooters? (indicate cc) yes no

d. Engage in football, handball, equestrian or winter sports, climbing, diving, or any other sports or pastime activity likely to involve extra risk of accident? yes no

8. Are there additional facts affecting the proposed insurance which should be disclosed to Underwriters ? yes no

9. Have you ever suffered from:

a. Clinical depression, or any nervous or mental condition, fainting episode, blackout, fit or paralysis of any kind? yes no

b. High blood pressure, a heart condition or other circulatory disorder or diabetes? . yes no

c. A “slipped disk, lower back strain or other spinal disorder, a hernia or any rheumatic or arthritic condition? yes no

d. Asthma, bronchitis or any chronic respiratory disorder yes no

e. Any other condition or injury needing medical advice or treatment in the past three years, or that may require future treatment? yes no

10. Are you currently taking any medication or do you have any medication prescribed?.. yes no

If yes please provide reason including name of medication, daily dosage and length of treatment.

11. Do you take any form of tobacco? **If yes**, advise type and daily consumption. **If no**, when did you stop using it?

12. Have any of your close relatives suffered heart disease, stroke, cancer, kidney disease, or other serious condition or disease before the age of 65? If “yes” please provide brief details..... yes no

13. Apart from any matter you have already described, are you in and do you generally enjoy good health? If “no” please provide details below. yes no

