

1 Personal Details

- To apply for **businessPROTECTION** protection, complete this Application Form in BLOCK CAPITALS using a ball point pen (blue or black ink).
- Insurance begins when Compass Underwriting on behalf of AXA Insurance has accepted your application and confirmed this to you in writing.
- You must give full and true answers to all questions. If you do not do so, your insurance cover may not protect you in the event of a claim.
- You should keep a record of all information supplied to Compass Underwriting (including copies of correspondence).
- A copy of the Application Form can be supplied on request within a period of 3 months after its completion.
- A copy of the Policy is available on request.

Full name of your business or company

Business address

Postcode

Telephone number

Fax number

Email address

The status of your business - Please tick the appropriate box

Limited Company PLC Partnership LLP Sole Trader Other

Please state the number of Directors or Partners

Please state the number of full-time employees

Please state the number of part-time employees

What is your company's particular industry or profession?

Details of the person who is taking out this insurance on behalf of the business or company:

Title Your full name

Date of birth

Home address

Home telephone number

Email address

Postcode

Employment status - Please tick the appropriate box

Company Director Partner Sole Trader Self Employed

Please list out all the partners, directors or employees to be insured. Detail any manual or hazardous work that they may undertake.

Name and initials	Date of birth	Occupation including any manual or hazardous work

If there is insufficient space please continue on a separate sheet of paper.

2 Benefit & Premium Information

A Enter the weekly benefit you require

£

B Enter the lump sum benefit - optional

£

Insurance Premium Tax at the applicable rate has been included in the premium and will be amended in line with any Government changes.

The benefit period for this plan is 12-months.

with a deferred period of: 7 days 14 days 28 days

Subject to underwriting when would you like cover to start?

Under no circumstances can cover under **businessPROTECTION** be backdated

Direct debit mandate



Instructions to your bank or building society to pay direct debits



Originators identification number

7 2 8 0 1 0

Name(s) of account holder(s)

Compass Underwriting Ltd reference number (office use only)

Bank or building society account number

Branch sort code

Instruction to your bank or building society

Please pay Compass Underwriting Ltd direct debits from the account detailed in this instruction subject to the safeguards assured by the direct debit guarantee. I understand that this instruction may remain with Compass Underwriting Ltd and if so details will be passed electronically to my bank or building society.

Name and full postal address of your bank or building society branch

The Manager	Bank or building society
	Postcode

Signature (1)
Signature (2)
Date

Banks or building societies may not accept direct debit instructions on some types of accounts



This guarantee should be detached and retained by the payer

Direct debit guarantee

This guarantee is offered by all banks and building societies that take part in the direct debit scheme. The efficiency and security of the scheme is monitored and protected by your own bank or building society.

If the amounts to be paid or the payment dates change, Compass Underwriting Ltd will notify you five working days in advance of your account being debited or as otherwise agreed.

If an error is made by Compass Underwriting Ltd or your bank or building society, you are guaranteed a full and immediate refund from your branch of the amount paid.

You can cancel a direct debit at any time by writing to your bank or building society. Please also send a copy of your letter to us.



What to do now

- ✓ Please detach the application form from the key features document
- ✓ Please ensure you have completed and signed the relevant sections of the application form
- ✓ Please ensure that you have completed and signed the Direct Debit Mandate
- ✓ Please forward the completed documents to Compass Underwriting Limited at the address shown below:

Compass Underwriting Limited
40 Lime Street, London, EC3M 7AW
Tel: 020 7398 0100 Fax: 020 7398 0109

<p>Agent Number</p> <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											<p>Agent Stamp</p>

Important Notes

This insurance will not commence until we have assessed and accepted your application and confirmed this to you in writing.

In most instances your payments will be as originally quoted. Revised terms may be offered to you, but occasionally we may be unable to offer any terms.

If we ask you or your partners, directors or employees to attend a medical examination, it may be necessary for us to share the application information with another company authorised by us. They will make the arrangements for the examination to take place, usually by telephone.

The insurer has a confidentiality policy in place which means that your employees' medical information is held securely and access is limited to authorised individuals only.

It may be necessary to send your application and relevant medical reports to our insurer for their opinion or agreement of the terms offered.

You are entitled to ask for a copy of the terms and conditions of your insurance at any time and can request a copy of your application form within a period of 3 months after its completion.

The law and courts of England will decide any dispute.

Access to Medical Reports Act 1988

We may need to obtain medical reports to support your application or your claim. Before we can ask any doctor that you have consulted to complete a report, we require your permission under the Access to Medical Reports Act 1988. Your rights under the Act are as follows:

You do not need to give your permission but, if you do not, we will be unable to proceed with your application. This does not prevent you from applying to other companies for insurance.

You can ask to see the report before the doctor returns it to us. If this is the case we will ask the doctor to keep the report for a period of 21 days for you to arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.

If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date.

If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.

Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following:

- Your current health
Any care, medication or treatment you are currently receiving
The results of referrals or tests you are waiting for
- Any time off work in the last three years
- Your past health
Details of any relevant illness, trauma or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:

- Malignancy (cancer), cardiovascular (heart) disease, diabetes and degenerative (gradually worsening) diseases
- Musculoskeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles
- Anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue
- Suicidal thoughts or attempts at suicide or
- Conditions related to drug or alcohol misuse or smoking or chewing tobacco

Details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations

Any blood pressure readings in the last three years

- Any history of disease among your parents or brothers or sisters that you have told your doctor about

We have asked your doctor not to reveal information about:

- Negative tests for HIV, Hepatitis B or C
- Any sexually-transmitted diseases unless there could be long-term effects on your health or
- Predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from

The information you and your doctor provide about your health may result in us:

- Refusing to provide insurance
- Declining your claim (e.g. for a pre-existing medical condition)

If you have any questions about your rights under the Act or relating to the process of us obtaining, assessing or storing medical information, please write to the Chief Underwriter at Compass Underwriting Ltd, 40 Lime Street, London EC3M 7AW.