

PROTECT WHAT MATTERS

IMPORTANT

Please read carefully before signing

Professional Secrecy Act

Information on this form or any subsequent claim form, along with other relevant information, may be shared with other Insurers as part of an exercise to combat the ever-increasing problem of insurance fraud. Signature on this proposal form confirms your consent to this fact-sharing exercise. Details shared are limited to what is absolutely necessary within the strict bounds of confidentiality and we will always regard your file as being a document protected by the Professional Secrecy Act, 1994.

Data Protection Act

All the information collected about you will be processed in accordance with the Data Protection Act.

Health Warranty

If you cannot guarantee any of the statements listed under the following Health Warranty, you must advise us immediately. Failure to do so could invalidate your policy. It is important, as it may affect your cover, that you should tell us at the time of purchasing or renewing your policy or when booking a trip (whichever is later), if you or any insured person:

- i) Have received advice, medication or treatment for any serious chronic or recurring illness, injury or disease in the last 12 months.
- ii) Are under investigation or awaiting the results of any diagnosed or undiagnosed medical condition.
- iii) Are on a waiting list for, or are aware of the need for, in-patient treatment for any diagnosed or undiagnosed medical condition.
- iv) Are travelling against your doctor's advice.
- v) Any close relative, close business associate, travelling companion, or person with whom you plan to stay (and upon whose good health your trip depends) has a serious, chronic or recurring illness, injury or disease which could affect your decision to take or continue your trip.
- vi) Have received a terminal prognosis.

I/We declare that the information given in this proposal is to the best of my/our knowledge correct and complete in every detail. Further I/We agree that if my/our answer has been written by any other person on my/our behalf, such person shall for that purpose be regarded as my/our Agent and not the Agent of Middlesea Insurance. When completing this application, you should disclose any fact which may influence the acceptance of the risk.

Signature of first named applicant:

Date:

On acceptance of the Application and upon receipt of payment from the Insured, a Policy and a Schedule will be issued. Keep this Policy in a safe place.

Office of Issue: