



Key Person Insurance Proposal Form

Section 1 Your details

Name of Business:

Title: Date of Birth:

First Name: Mobile:

Surname: E-mail:

Post Code:

Do You Smoke? Yes No Any Health Problem? Yes No

Amount of cover required £: Length of cover: years

Section 2 Declaration

I / We declare that the statements and particulars in this proposal and submission are true and I / We have made a fair presentation of the risk, by disclosing all material matters which I / We know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent Insurer on notice that it needs to make further enquiries in order to reveal material circumstances. Furthermore, I / We will agree to inform Insurers of any material alterations to my / our circumstances that may occur before or after the completion of any contract of insurance offered to me/us by the Insurer.

Signature:

Full Name:

Date:

*** Please note that returning this proposal does not bind the Proposer or Underwriter to complete this insurance, but does authorise 'Professional Insurance Agents Limited' to seek terms on my / our behalf from Insurers; including current Insurers, and allows them to approach us to discuss further information and products.*