

Group Personal Accident & Sickness Quotation Request

Please complete this form and email it to steve.green@jubilee-insurance.com to obtain a quotation.
Please allow 24 hours for a response.

Agency Name

Contact Name:

Telephone No:

Client Registered Name:

Business Description/Trade:

Address:

Description of Insured Persons (as Required):

Category A:

Category B:

Category C:

(If any staff are involved in manual work, each occupation must be stated as a separate category)

Payroll and number of lives

Total salary/wages paid excluding bonuses & overtime

Category A:	Wageroll: <input type="text"/>	No of Insured Persons:	<input type="text"/>
Category B:	Wageroll: <input type="text"/>	No of Insured Persons:	<input type="text"/>
Category C:	Wageroll: <input type="text"/>	No of Insured Persons:	<input type="text"/>

What is the highest salary paid to any one person? £

Benefits required:

Please enter sums insured for the benefits required. These can be either a flat sum amount or a multiple of the salary payable.

<u>ACCIDENTAL BODILY INJURY BENEFITS:</u>	Category A	Category B	Category C
1. Accidental Death	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Permanent Total Disablement	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Loss of limbs	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Loss of sight	<input type="text"/>	<input type="text"/>	<input type="text"/>

ACCIDENTAL BODILY INJURY BENEFITS (CONT) **Category A** **Category B** **Category C**

5. Temporary Total Disablement

What benefits periods are required for each category in weeks:

What deferred periods are required for each category:

SICKNESS BENEFITS

Please enter sums insured for the sickness benefits required.

Category A **Category B** **Category C**

6. Total and irrecoverable loss of sight of both eyes

7. Permanent Total Disablement by paralysis

8. Temporary Total Disablement

What benefits periods are required for each category in weeks:

What deferred periods are required for each category:
(minimum 7 days)

Cover Period: (Please delete as applicable)

24 Hours Worldwide / Occupational including commuting / Occupational excluding commuting

Claims Experience or Accident and or Sickness Record:

Please provide details of all claims in the last 3 years if insurance has been purchased for the period, otherwise please advise details of any incidents of accident & illness that have occurred during this period which have resulted in a claim.

Additional information and or specific requirements:

For further information please contact:

Jubilee A&H Team

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