





If specific benefits are required for named individuals outside the staff categories, please provide details on a separate sheet.

Please select the basis of cover required:

Personal Accident & Illness  Personal Accident Only

Does any proposed insured person suffer from any disabilities, physical defects, infirmities, disease or illness?

Yes  No

If 'YES', please provide details:

In the last three years, has any proposed insured person suffered any illness or injury, which has resulted in an absence from work of greater than one month, consecutive or otherwise?

Yes  No

If 'YES', please provide details:

**please fax back to 0845 338 6061**

**or email: [enquiries@surveyorassist.com](mailto:enquiries@surveyorassist.com)**