



Sovereign Income Assistance Application Form

Applicant's Address:		Postcode:
Home tel number:	Work tel number:	
Mobile tel number:	E-mail address:	

FIRST APPLICANT

Title: <i>(Mr/Mrs/Ms/Miss/Other)</i>
Surname:
Forenames:
Date of Birth:
Occupation:
Monthly earnings: <i>(Employed - gross salary, overtime, bonuses)</i> <i>(Self Employed - pre-tax profit)</i> £

Employment Status:

Employed Self Employed

SECOND APPLICANT (Partner)

Title: <i>(Mr/Mrs/Ms/Miss/Other)</i>
Surname:
Forenames:
Date of Birth:
Occupation:
Monthly earnings: <i>(Employed - gross salary, overtime, bonuses)</i> <i>(Self Employed - pre-tax profit)</i> £

Employment Status:

Employed Self Employed

Children to be insured *(if applicable)*:

Full Name	Date of Birth

Policy

Sovereign Income Assistance Plan

Sovereign Plan

Sovereign Plus Plan (with 25% cash back)

On the following basis:

Single

Joint

Family

Single Parent

Group

Upgrade? (If so, please indicate the amount to be upgraded below)

Existing policy number:

FIRST APPLICANT

Type of Plan:

Accident/Sickness

Optional Unemployment/Business Failure

(14 days deferred period and 24 months benefit period not available)

Deferred Period:

14 Days

30 Days

13 Weeks

26 Weeks

Benefit Period:

12 Months

24 Months

Indexation:

Yes

No

Monthly Income Benefit:

£

Premium:

£

SECOND APPLICANT (Partner)

Type of Plan:

Accident/Sickness

Optional Unemployment/Business Failure

(14 days deferred period and 24 months benefit period not available)

Deferred Period:

14 Days

30 Days

13 Weeks

26 Weeks

Benefit Period:

12 Months

24 Months

Indexation:

Yes

No

Monthly Income Benefit:

£

Premium:

£

PAYMENT INFORMATION

Payment Frequency:

Monthly

Quarterly

Half Yearly

Annually

Start Date:

Preferred Direct Debit Date:

Declaration

I/We hereby apply for insurance to London General Insurance Company Limited (the insurer) under their usual terms and conditions.

I/We confirm that the information supplied by me/us in connection with this proposal is correct to my knowledge and belief. I/We note that I/We should keep a record of all information supplied for the purpose of this proposal and that a copy of such information will be supplied if requested by me.

I/We consent to the seeking of information from other insurers and I/We authorise the giving of such information for such purposes. I/We also consent to the insurer or their agents seeking medical information from any doctor who at any time has attended me concerning anything

which affects my physical or mental health and I/We authorise the giving of such information.

Notice under the Data Protection Act 1998

I/We confirm and agree that information about me/us and this Proposal may be retained on paper and computer by APRIL Insurety and used:

A) by London General Insurance Company Limited, APRIL Insurety and other businesses that provide insurance services relating to the proposal as may be necessary for the administration of my/our policy and dealing with claims. In dealing with claims under my/our policy I/We agree that it may be necessary for APRIL Insurety to obtain and use sensitive

personal information about me/us.

B) to provide information about me/us (whether provided in the proposal or claim form) to other insurers for the prevention of fraud and to other third parties for the purpose of administration of their policy or any claim. Details of such third parties and other insurers will be made available on request.

I/We have been provided with details of the procedure to follow in the event of a complaint. Your contact information may be used to send you details about other products and services available from APRIL Insurety that might interest you. If you do not wish to receive this information please tick this box.

Signature First Applicant:

X

Date:

Signature Second Applicant:

X

Date:

For Broker's use only

Broker's Name:

Broker's Signature:

Broker's Agency No:

Cheque/Credit Card/Direct Debit Mandate attached? **Yes / No** Amount **£**



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