

# The Removers Benevolent Association Group Personal Accident Insurance for Members of the British Association of Removers

## Quick Quote Application Form

RSA understands that people are a company's greatest asset. But the duty of care to ensure their safety and well being is more than just a legal duty and the help we can provide is more than just financial recompense after the event. We actively support our customers' businesses and their people whatever they do, wherever they do it, providing advice and practical aid at the point of need.

If one of your employees sustains an accident and is unable to work there may be a financial impact on your company, our Group Personal Accident Insurance provides support to ease the financial burden.

This insurance has been written specifically for businesses with a wage-roll of up to £3,000,000, providing a simple solution to your Personal Accident needs.

Cover must be provided for all Directors and Employees of the Company, subject to a minimum of 2 staff, however you can use this form to obtain a bespoke quotation where:

- you do not wish to insure all staff; or
- your business is not eligible for this insurance for any reason; or
- this cover does not precisely match your needs.



## Group Personal Accident

The following applies to All Directors and Employees of the Insured at any time (24 Hours Worldwide). An age limit applies of 75 years.

### A – Accidental Death and Capital Benefits

Benefit	Sum Insured	Limit
1. Death	Selected Multiple x Annual Salary	Or a maximum of £1,000,000 per Insured Person whichever is the lesser
2. Loss of two or more limbs or both eyes or one of each	Selected Multiple x Annual Salary	
3. Loss of one limb or eye Permanent total loss of speech Permanent total loss of hearing in both ears Permanent total loss of hearing in one ear	Selected Multiple x Annual Salary Selected Multiple x Annual Salary Selected Multiple x Annual Salary 0.25 x Annual Salary	
4. Permanent total disablement	Selected Multiple x Annual Salary	

### B – Temporary Total Disablement

5. Temporary total disablement	0.75 x Annual Salary payable for a maximum of 104 weeks not necessarily consecutive. Benefit is not payable for the first 14 days of disablement	Or a maximum of £1,000 per person per week whichever is the lesser
6. Temporary Partial Disablement	0.40 x Annual Salary payable for a Maximum of 104 weeks not necessarily consecutive. Benefit is not payable for the first 14 days of disablement	Or a maximum of £400 per person per week whichever is the lesser

### Special Extensions – The following are included at no additional cost

Benefit	Standard Cover
Accident Medical Expenses	Up to 25% of any amount paid under Benefits 1- 6 subject to a maximum £25,000
Bereavement Counselling	Up to £250 per week up to a maximum £5,000 per Insured Person
Catastrophe Critical Response Counselling	Up to £5,000
Coma Benefit	£50 per full 24 hours up to a maximum 104 weeks per Insured Person
Counselling	Up to £250 per week up to a maximum £5,000 per Insured Person
Hospitalisation	£50 per full 24 hours up to a maximum of 104 weeks per Insured Person
Recruitment costs following suicide	Up to a maximum £10,000
Retraining	Up to a maximum £25,000 per Insured Person

## Choose the cover you require from sections A and/or B

You must select one option of cover from section A

A. Complete this section for Personal Accident protection for your employees

Group Personal Accident	1 x Annual Salary		2x Annual Salary		3 x Annual Salary	
	24 Hour Premium	Tick Box	24 Hour Premium	Tick Box	24 Hour Premium	Tick Box
Up to £500,000	£120		£175		£285	
Up to £1,000,000	£245		£470		£695	
Up to £2,000,000	£475		£765		£1,135	
Up to £3,000,000	£740		£1,340		£1,900	

B. Complete if you would like to add Temporary Total Disablement

NB You cannot select from section B in isolation – you must purchase cover from Section A above

Temporary Total Disablement	Temporary Total Disablement 75% of 1/52 of Annual salary	
	24 Hour Premium	Tick Box
Up to £500,000	£90	
Up to £1,000,000	£270	
Up to £2,000,000	£450	
Up to £3,000,000	£900	

All Premiums are shown exclusive of Insurance Premium Tax (IPT)

Total Premium = A  + B  =

## Details of Business (Please use BLOCK CAPITALS)

This Quotation is issued on the basis that you are a member of the British Association of Removers. If you cannot confirm this to be true please contact your insurance adviser

Full name of Insured (i.e. name of company to be insured)

UK address

Required Inception Date – (DD/MM/YYYY)

Please advise the date from which cover is required (Note: this cannot be earlier than, or more than 30 days after the date on which this form is signed).

## IMPORTANT NOTICE CONCERNING DISCLOSURE

RSA shall be entitled to rely upon the material accuracy of this proposal form and any other information supplied by or on behalf of the Insured to RSA in relation to the entering into of this Policy (this proposal form and such other information together forming of the "Proposal")

The Insured shall ensure that the Proposal contains such information as is reasonably necessary to enable RSA to:

- (a) Properly assess the risks to be insured under this policy; and
- (b) Decide whether and, if so, to what extent RSA will provide the Insured with insurance cover in respect of such risks referred to in (a) above

If you are in any doubt as to whether any information is material, it should be disclosed  
You should retain a copy of this Proposal for your records.

## FINANCIAL OR TRADE SANCTIONS

RSA is unable to provide insurance and your Policy will not provide any insurance cover in circumstances where to do so would be in breach of any financial or trade sanctions imposed by the United Nations or any government, governmental or judicial body or regulatory agency

## DATA PROTECTION

RSA will treat your personal information fairly and lawfully in accordance with the Data Protection Act 1998.

## WHAT HAPPENS NEXT?

- Reviews and sign the Declaration
- Return the completed application form to RSA via your insurance adviser
- RSA will review the completed application form and if acceptable will incept the policy with effect from the inception date requested and will issue policy documentation o you via your insurance adviser

## DECLARATION

I/We declare that the statements and information contained in the Proposal are true and accurate in all material respects.

I/We undertake to provide details of any material alteration to or in respect of such statements and/or information of which I/we become aware before the start date of this Policy.

For the purposes of making this Proposal, I/we agree that the Intermediary (which I/we have appointed to advise in relation to this policy) is acting on my/our behalf and not as an agent of the Insurer.

Signed:

Date:

Name:

Position: