

## HOW TO APPLY

Specialty insurance products are provided through certain underwriters at Lloyds of London. Receiving a quote from London will normally take us up to 5 business days, but may vary. The more detailed information you are able to provide, the quicker and more favourable the process will be.

Please fill out the applicable form(s) and return to us by email at [helpline@ingleinternational.com](mailto:helpline@ingleinternational.com) or by fax at +1 416.730.1878. If you require additional space to provide further details, please feel free to use a separate sheet.

If you have any questions prior to submitting an application, please contact us at [helpline@ingleinternational.com](mailto:helpline@ingleinternational.com).



# SPECIAL RISK GROUP APPLICATION FORM

## A. COMPANY INFORMATION

Name

Industry/Business Type

Phone Number

Email

Primary Contact Name

Address Street

City

State/Province

Country

Zip/Postal Code

Total Consolidated Assets

Net Worth

## B. REQUESTED COVERAGE

Effective Date

Expiry Date

Limit of Liability

Coverage Desired

- Out-of-Country Emergency Medical, Evacuation & Repatriation
- Accidental Death and/or Dismemberment
- Temporary Total Disablement

- Permanent Total Disablement
- Kidnap, Ransom & Extortion – see *separate application*

Include coverage for war and terrorism in the benefits selected above?

- Yes  No

## C. GROUP ROSTER

If benefits will vary for different types of employees (i.e. executives, managers, technicians, etc.), please indicate a category for each individual and explain the benefit differences in the following sections.

Name	Title	Sex	DOB	Salary	Category
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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## D. TRAVEL AND RESIDENCY INFORMATION

**Required for all applicants.** Please provide detailed information on where covered individuals will live, work or travel during this period, including security precautions to be taken, frequency of travel and lengths of visits in any high-risk country or region:

## E. ACCIDENTAL DEATH AND DISMEMBERMENT

**Required if AD&D is chosen in Section B.**

**Requested Sum Insured**  **Currency**

Scales of Benefits (percentages are of the Sum Insured) – insert your requirements under column F if A, D or E are not acceptable.

**Please choose from one of the three benefit schedules listed below:**

	A	D	E	F
Death	100%	100%	100%	
Total and irrecoverable loss of sight of both eyes	—	100%	100%	
Total and irrecoverable loss of sight of one eye	—	50%	100%	
Loss of two limbs	—	100%	100%	
Loss of one limb	—	50%	100%	
Total and irrecoverable loss of sight of one eye and loss of one limb	—	100%	100%	

If different sums insured or benefit scales are required for different categories, please explain.

## F. DISABILITY

**Temporary total disability** provides for income replacement on a monthly basis for one to two years if you are totally disabled by cause of accident or sickness. Benefits are limited to 60.00% of gross monthly income. Do you require coverage for temporary total disability?

Yes  No

**Monthly Sum Insured**  **Currency**

**Waiting Period in days**  **Benefit Period in months**

**Permanent total disability** provides for a single lump-sum payment if you are permanently disabled by cause of accident or sickness. Do you require coverage for permanent total disability?

Yes  No

**Lump Sum Insured**  **Currency**

**Waiting Period in months**

**Sickness Coverage:** Do you require coverage for sickness, or for accident only?

Accident Only  Accident and Sickness

If different sums insured or benefit scales are required for different categories, please explain.

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## G. ADDITIONAL DETAILS OR INFORMATION

Please provide any other details or information which may affect your insurability for the product(s) you have requested, including any risk management strategies or security arrangements. Also include any additional details on coverage required or how it applies to different categories of employees. (If applicable)

## H. DECLARATION

**Required for all applicants.**

To the best of my/our knowledge and belief, the information provided in connection with the proposal, whether in my/our hand or not, is true and I/we have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. (NB. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it.)

I/We understand that Underwriters will determine their terms and conditions upon the information provided in connection with this proposal and I/we further understand that the signing of this proposal does not bind me/us to complete or Underwriters to accept this insurance.

Signature of the person to be insured  
(if other than the proposer)

Date

M	M	D	D	Y	Y	Y	Y
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Signature of proposer

Date

M	M	D	D	Y	Y	Y	Y
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