

## Declaration of Health Questionnaire

<b>Name:</b>		<b>Date of Birth:</b>	
<b>Address:</b>		<b>Postcode:</b>	
<b>Policy Number:</b>			

Please answer the following questions circling either 'Yes' or 'No' and provide details where necessary:

1) Are <b>you</b> currently free of injury, disease or discomfort? If 'No', please provide details below.	Yes / No
2) Have <b>you</b> during the past 12 months been ill, under medical supervision or taken medication (other than for minor illnesses such as colds, flu etc.)? If "Yes", please provide details below.	Yes / No
3) Have <b>you</b> had any accidents, illnesses, medical or surgical treatment in the last 12 months? If "Yes", please provide details below.	Yes / No
<b>Date:</b>	<b>Ailment:</b>
<b>Date:</b>	<b>Ailment:</b>
<b>Date:</b>	<b>Ailment:</b>
<i>Further Details</i>	
4) Have <b>you</b> any reason to think that <b>you</b> may need to undergo medical supervision or a surgical operation in the future? If 'Yes', please state <b>your</b> reasons and details below.	Yes / No
5) Have <b>you</b> had any X-Rays, CAT Scan or MRI (Magnetic Resonance Imaging) Scan in the last 12 months? If 'Yes', please state <b>your</b> reasons and details below.	Yes / No

<b>Declarations</b>	
<p>Provided the answers to question 1 is “Yes” and questions 2, 3, 4, 5 is “No” then <b>Underwriter(s)</b> will not require a medical report and this Declaration will form part of the original Proposal and <b>Policy</b> of Insurance.</p> <p>The <b>Underwriter(s)</b> do not bind themselves to accept the proposal or renewal and reserve the right to impose specific exclusions as a result of information disclosed herein. Until such time as a specific exclusion that has been imposed by <b>Underwriter(s)</b> has been removed, all expiring specific exclusions shall remain in force. Furthermore, an exclusion shall apply in respect of any condition pre-existing at this renewal, whether declared or not, unless advised by the <b>Underwriter(s)</b> to the contrary.</p>	
<p>I/We hereby warrant that the answers given are complete, true and have been correctly recorded.</p> <p>I/We have not withheld any information that is likely to influence the decision of the <b>Underwriter(s)</b>.</p>	
<b>Data Protection Act 1998</b>	
<p>I/We hereby consent to any information you may have about me/us being processed by you for the purposes of providing insurance and claims handling, which may necessitate your providing such information to third parties.</p>	
<b>Signature:</b>	<b>Date:</b>
<b>Print Name:</b>	

*Once the form is completed, signed and dated, please return to your broker or insurance intermediary who will endeavour to send onto Plum Underwriting Ltd.*