

## Application form

**Please complete all parts of this form and return it to your agent/ insurance broker.** It is important that you complete this Application Form fully. Failure to do so may result in the form being returned to you for completion.

This Application Form asks questions that are material to both the risk underwritten and the calculation of the premium by Endurance Worldwide Insurance Limited (the "Insurer"). You must take care when answering any questions the Insurer asks by ensuring that all the information provided is accurate and complete (the 'Duty'), and the Duty applies when the policy is varied or renewed.

The Insurer may withdraw from the insurance contract and decline all claims, should it determine that you provided false or misleading information to the Insurer and were negligent or grossly negligent when doing so or did so intentionally.

All Application Forms are reviewed prior to acceptance and therefore no cover shall be granted until confirmation is provided.

Please indicate that you agree to communicate with Insurers in respect of this Application Form and all subsequent communications in the English language:

I consent

I do not consent

### 1 Your personal details

Title	Forename(s)	Surname/Family Name		
Date of birth	Gender	Height	Weight	
Overseas address			Post/Zip code	
Phone	Mob	Email		
Home address			Post/Zip code	
Occupation		Nationality		
Home country (for which you have a passport)				
Country for which this cover is required (where you will be spending most of you time)?				
How long have you been resident in your country of residence (years/months)?				

### 2 Cover required

Date upon which annual cover to commence, or the date on which your proposal is accepted by insurers, whichever is the later

Choose your geographical area of cover	Europe	Worldwide excluding USA, China, Singapore & Hong Kong	Worldwide excluding USA	Worldwide
Choose your level of cover	Standard Premium	Standard Plus Elite	Comprehensive	
Please select the annual excess you wish to apply to your policy	Nil 2500	100 5000	250 7500	500 10000 1000

## 2 Cover required — continued

In addition you may select a co-insurance applicable to outpatient claims only. In effect this is a percentage of each outpatient claim for which you are responsible.

Nil co-insurance                      10% co-insurance  
 20% co-insurance

**N.B. This option is not applicable to the Standard level of cover as there are no out-patient benefits on Standard.**

Home country evacuation module (120 adult/75 child)	Have you or anyone named on this policy smoked, used tobacco or nicotine replacements in the last 12 months? If so, please provide details of how many on a separate sheet.	Yes No
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Please specify the currency in which you wish to pay premiums and receive benefits	US Dollar \$	Sterling £	Euro €
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Do you or any of the persons to be included in this proposal, have existing health insurance?	Yes	No
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If yes, which provider? \_\_\_\_\_

To avoid any delays and ensure that we can process your application swiftly and efficiently - Please ensure that you include the following items with your application:

- Copy of passport

Have you or any of the people to be included in the proposal, ever been refused cover by an insurance company or been accepted on special terms? <i>(If yes provide details on a separate sheet)</i>	Yes	No
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## 3 Dependants to be included

Full name of dependants	Relationship to proposer	D.O.B	Nationality	Gender	Height	Weight	Occupation
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Spouse

Dep. 1

Dep. 2

Dep. 3

**Please provide us with the name and address of your regular personal or family doctor/physician. If you do not have a regular doctor, please give the last doctor you visited and approximate date. - If there is a different doctor for each applicant, please provide all details and indicate which physician applies to each applicant.**

**NB. This must be supplied for us to be able to process your application**

## 4 Moratorium

This policy has a two year moratorium. This means that pre-existing conditions that have been in existence during the 5 year period before your start date will not be covered during the first two years of the policy. After this a pre-existing condition may be covered if a period of two consecutive years has elapsed since any symptoms, treatment, medication, tests or advice was received for that condition.

You do not have to have identified the condition for it to be pre-existing. However, it is highly likely that major conditions manifesting themselves in the first 6 months of a policy must have pre-dated the start date and so will be deemed pre-existing. This policy does not cover pre-existing conditions.

## 5 Payment method

Please specify how you would like to pay	Annually by credit/debit card	Annually by bank transfer <i>-details supplied on request</i>
	Semi annual by credit/debit card	
	Quarterly by credit/debit card	Monthly by direct debit <i>-only available in the EU on Euro policies only</i>
	Monthly by credit/debit card	

### Service fees - credit/debit card & SEPA Direct Debits

Annual payment	0%
Semi annual payments	+4%
Quarterly payments	+5%
Monthly payments	+8%

• If paying by credit/debit card please complete attached payment form


### Service fees - bank transfer

Annual bank transfer fee £10 / \$30 / €15  
The bank transfer fee does not need to be included as long as the payee selects to pay all charges.

## 6 Declaration

For the purpose of this declaration, (“I/We”) means any insured person intended to benefit from insurance cover as per the policy wording.

- I/We have been provided with a copy and read the policy wording and I/we understand it to be part of the contract of insurance. In particular I/We have read, understand and accept the definitions, benefits and exclusions of the policy.
- I/We have read, understand and accept Section 6 of this application form on data protection.
- I/We am consenting for my/our insurance broker to act on my behalf for the purposes of transferring sensitive data.
- To the best of my/our knowledge and belief the information given in connection with this application form, whether in my hand or not, is true and I/we have answered all questions asked in this application form honestly and fully. I/We also understand that I/we must tell the insurer straight away if anything that I/we have already told the insurer changes. I/we understand that non-disclosure or misrepresentation of any facts may entitle the insurer to void the insurance. This application form and the information provided contains statements upon which the Insurer will rely in deciding whether to accept this insurance and in determining the terms and conditions of such acceptance.
- I/We understand that the signing of this application form does not bind me/us to complete, or the insurer to accept this insurance.
- If I/we have elected to pay our premium by instalments using credit or debit cards and Morgan Price have agreed to this, I/we authorise Morgan Price to continue to deduct such instalments as and when they become due unless I/we cancel this credit/debit card authorisation by giving at least 14 days notice in writing. I/we understand that if I/we have made a claim, no refund will be due and I/we will have to pay any outstanding instalments due in the current period of cover.
- I/We am authorised to sign this application form on behalf of all my/our dependents declared at Section 3 of this Application Form.
- I/We consent to communicate with Insurers in respect of this Application Form including all subsequent communications in the English language.

Signature of primary applicant 

Date

## 7 Data Protection & General Data Protection Regulations

### Data Protection

The Insurer, Endurance Worldwide Insurance Limited ("We/Us/Our") is the Data Controller of the data collected about you. As such, We are responsible for the way in which this data is processed and will use personal information and, to the extent applicable, special category data given by you, together with other information for, amongst other things, the administration of this Policy, the handling of claims, the provision of customer services, credit checks and to prevent and detect fraud, as described more fully below in the Sampo International General Privacy Policy. We are a member of the Sampo International 1 group; as such, the information you provide may also be disclosed to Our affiliates or parent, service providers and agents for these purposes. It may also be disclosed to the insured's insurance advisor, where appointed.

We may need to collect and process information relating to individuals who may benefit from this Policy, which may include both personal data and special category data (such as medical history).

You must ensure that you have explicit verbal or written consent from these individuals to such information being processed by Us.

In collecting or processing personal data, including special category data, about the insured or related third parties under this Policy, We shall comply with applicable data protection legislation. We are committed to protecting your personal information and respecting the data protection and privacy rights you have under applicable law and regulations.

When you submit any information to Us for the purpose of requesting information from Us about, or obtaining, Our products or services, We will use the information you provide, including any personal information, in its insurance business to conduct its business and perform its legal obligations, including:

- i. verifying your identity;
- ii. preventing, investigating or reporting fraud or potential fraud, money laundering, terrorism, misrepresentation, security incidents, sanctions violations or any crime, all in accordance with applicable law and regulations;
- iii. assessing, establishing and managing claims and arranging or entering into any appropriate settlements;
- iv. managing, reporting and auditing Our business operations;
- v. recovering debt;
- vi. developing, improving and protecting Our products, services, website, systems and relationships with you;
- vii. carrying out research, risk management and statistical analyses;
- viii. establishing, exercising or defending legal claims; and
- ix. meeting regulatory and compliance requirements.

We will ensure that your personal data is processed in a manner consistent with the purposes set out above. We will retain your personal data for as long as it is necessary for the purposes mentioned above or as long as required by law.

To the extent applicable, We may also use your contact details (including email address(es)) to send you information about related products and services or other products and services provided by Us or one of Our group companies.

We may share your information for the purposes outlined above with:

- i. Our group companies;
- ii. brokers, other insurers and underwriters;
- iii. healthcare professionals;
- iv. law enforcement authorities;
- v. other government authorities;
- vi. fraud prevention agencies; and
- vii. third parties involved in any aspect of claims management including surveyors, loss adjusters, claims agents, solicitors and private investigators;
- viii. parties that may have a financial interest in the insurance policy or claim;
- ix. other service providers that may process your personal information on Our behalf (for example, IT service providers that host or support Our business and may have data that includes your personal information); and
- x. others with your consent or in accordance with applicable law and regulations.

If you have provided information about another person, in doing so you confirm that you have such person's consent to provide the personal information to Us, that you have told such person that you have provided the information to Us and how We will use the personal information as described in this notice.

To the extent you have provided your consent, and your consent provides the basis for Our use of the information, you may withdraw your consent at any time by contacting Us as described below.

More details about how We use your personal information may be found in the Sampo International General Privacy Policy, available on Our website at: <https://www.sampo-intl.com/privacy-policies/>.

The website also provides additional information about your data protection rights, how you may access and update your personal information and other choices you have about how We use your personal information (including how to object to processing or withdrawing your consent at any time). If you have any questions regarding this notice, please contact Us at:

Attn: Chief Compliance Officer Sampo International  
 1221 Avenue of the Americas  
 New York City, NY 10020  
 Email: [Privacy@sampo-intl.com](mailto:Privacy@sampo-intl.com)