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PERSONAL ACCIDENT INSURANCE FOR INDIVIDUALS

PROSPECTUS AND PROPOSAL



Personal Accident Insurance

For Individuals

Prospectus

| | |
|---|--|
| The Policy provides | For the payment of benefits for death, disablement or medical expenses resulting from accidental bodily injury as per Summary of cover. It is designed to compensate gainfully employed persons for financial loss arising from disablement by accident. This Prospectus gives a summary of cover, the full Policy wording may be seen without obligation at any of our offices |
| The Policy amongst others does not cover | <ul style="list-style-type: none">- active duty in Armed Forces- pregnancy or childbirth- drugs (unless taken under medical supervision)- suicide or self-inflicted injury, or self-exposure to needless peril- war risks, terrorist acts- pre-existing physical or mental defect or infirmity, recurring conditions, gradually operating causes.- hazardous sports, or any of the Excluded Activities listed in the Proposal Form Special arrangements can be made in the case of certain Excluded Activities |
| Premiums | Depend primarily on occupation (see below) and the benefits required. The amount and type of air and road travel and spare-time activities may also affect the premium. A minimum Premium may apply |
| Age Limits for acceptance | Are from the 16th to the 65th birthdays. Cover will normally be continued to age 70. |
| Special Features | Policy includes : <ul style="list-style-type: none">- Air Travel as an ordinary passenger- Various covers for amateur sports (by special extension) |
| Operative Time | Can be: <ul style="list-style-type: none">- "Twenty-four hours"or- "Employment Accidents"or- "Employment Accidents and Commuting" |
| Territorial Limits | Accidents anywhere in the world, but excluding Medical Expenses incurred in U.S.A. and CANADA, unless for emergency Treatment. |

Prospectus Continues

Guide to classification of occupations

| | |
|---------------------|--|
| Class 1 | Professional or administrative duties of a sedentary nature; office and other mainly sedentary work; e.g. accountant, clerk, doctor, estate agent, lawyer, shop assistant in light work without machinery or installation. |
| Class 2 | Non-manual occupations where there is some exposure to risk from the work environment or which entail much travel; occupations with mainly supervisory duties but which may include occasional manual work; light manual work; e.g. commercial traveller or representative, foreman in light engineering, electrical goods retailer, greengrocer, petrol filling station attendant. |
| Class 3 | Occupations involving light manual work, apart from those qualifying for Class 2; e.g. manufacture or repair of light electrical goods, electrician (not erecting external aerials) fruit and vegetable cultivation, bus driver, carpenter (excluding use of powered wood working machinery), manufacture of food and drink (not bottled). |
| Class 4 | Occupations involving a greater degree of accident risk than Class 3; e.g. building contractor (up 3 storeys), manufacture of food and drink (bottled), manufacture of plastic or rubber goods, farmer, plumber painter and decorator (not using scaffolding / cradles), garage mechanic. |
| Class 5 | Most other manual occupations (apart from those involving heavy risks of injury, such as work at heights or use of large machinery or use of explosives); e.g. plant operator, foundry or steel mill, manufacture of heavy engineering goods. |
| Decline Risk | Miners, Quarriers, Occupations involving use of Explosives, Heavy Machinery, Work at Heights, Petrochemical Works, Airlines Crew, Naval Military or Airforce Servicemen or Operators, Policemen and Firemen. |

Prospectus Continues

Selected Benefits

Each Section of Benefit may be combined with any other, but only Death cover or Permanent Disablement cover may be selected by itself. Any multiple of a Benefit may be insured provided the amount is not excessive in relation to earnings. Weekly benefit (Temporary Disablement) should not normally exceed 0,4% (Percent) the largest capital benefit insured, or 80% of the net Weekly earnings, whichever is the less.

| Summary of cover | | Accidental Bodily Injury resulting within 12 calendar months in: | |
|--|--|--|------------|
| 1. Death | | A Lump Sum | |
| 2. Permanent Disablement | | | |
| A. Standard Scale – TABLE A | | | |
| Loss of two or more limbs | | } | A Lump Sum |
| Loss of both hands or of all fingers and both thumbs | | | |
| Total loss of sight of both eyes | | | |
| Total paralysis | | | |
| Injuries resulting in being permanently bedridden | | | |
| Any other injury causing permanent total disablement | | | |
| OR | | | |
| B. Extended Scale – TABLE B | | | |
| Loss of two or more limbs | | } | A Lump Sum |
| Loss of both hands or of all fingers and both thumbs | | | |
| Total loss of sight of both eyes | | | |
| Total paralysis | | | |
| Injuries resulting in being permanently bedridden | | | |
| Any other injury causing permanent total disablement | | | |
| Description of Disablement | | Percentage of the Lump Sum chosen to be insured | |
| Loss of arm | - at shoulder between shoulder and elbow at elbow between elbow and wrist | } | 75% |
| Loss of hand at wrist | | | |
| Loss of leg | - at hip between knee and hip below knee | | |
| Eye: loss of | - whole eye sight of | | |
| Eye: loss of | - sight of except perception of light lens of | | |
| Loss of four fingers and thumb of one hand | | | |
| Loss of four fingers of one hand | | | 50% |
| Loss of thumb | - both phalanges | | 50% |
| | - one phalanx | | 50% |
| Loss of index finger | - three phalanges | | 40% |
| | two phalanges | | 25% |
| | one phalanx | | 10% |
| Loss of middle finger | - three phalanges | | 8% |
| | two phalanges | | 4% |
| | one phalanx | | 2% |
| Loss of ring finger | - three phalanges | | 6% |
| | two phalanges | | 4% |
| | one phalanx | | 2% |
| loss of little finger | - three phalanges | | 5% |
| | two phalanges | | 4% |
| | one phalanx | | 2% |
| Loss of metacarpals | - first or second (additional) | | 4% |
| | - third, fourth or fifth (additional) | | 3% |
| Loss of toes | - all | | 2% |
| | great, both phalanges | | 15% |
| | great, one phalanx | | 5% |
| | other than great, if more than one toe lost, each | | 2% |
| Loss of hearing | - both ears | | 1% |
| | one ear | | 75% |
| | | | 15% |

Prospectus Continues

For Permanent disablement not specified the degree of Disablement shall be assessed by the Company who will adopt a percentage of Disablement by comparison with the percentages shown in this scale without taking into account the occupation of the Insured Person.

If Benefit is payable in respect of the same Insured Person for more than one form of Permanent Disablement as the result of the same accident the total of the percentages so payable shall not exceed 100% of the Sum Insured for Permanent Disablement. If Benefit is payable for loss or loss of use of a whole limb of the body the Benefits for parts of that limb cannot also be claimed.

- | | | |
|----------------------------------|---|--|
| 3. Temporary Total Disablement | } | A weekly benefit for up to 104 weeks in all from the date of the accident. |
| 4. Temporary Partial Disablement | | A compulsory excess of the first 3 days will apply. |
| 5. Medical Expenses | | A Lump Sum |

General Notes

Where both are insured, Weekly Benefit is payable in addition to the Death or Permanent Disablement Benefit.

Payment is made under only one of the Death and Permanent Disablement Benefits

Disablement must have lasted 52 weeks before Permanent Total Disablement Benefit becomes payable, but if insured, Weekly Benefit is also payable during this period.

Upon Benefit 2 – Permanent Partial Disablement – becoming payable no further liability shall attach to the Company in respect of the Insured person concerned in connection with the same accident.

Medical Expenses claims are payable independently of other Benefits. They are not payable if the Insured Person is entitled to free medical Treatment.

On the happening of an accident giving rise to a claim under either of Benefits 1 (Death) and 2 (Permanent Total Disablement) this Policy shall thereafter cease to apply to the Insured Person concerned.

No benefit shall be payable due solely to inability to take part in sports or pastimes.



Proposal For Personal Accident Insurance For Individuals

Before completing this proposal, please note specially that failure to disclose all material information, i.e. information which is likely to influence the acceptance of the risk and the terms applied, could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed. The Declaration at the end of the proposal must be completed in all cases.

Excluded Activities

Although the following are excluded, cover can sometimes be arranged with respect to activities against which there is a box. Please tick any for which a quotation is required, and specify individual type of activity.

- | | | |
|---|--|---|
| a) Professional sport | e) Motor Competitions | j) Water ski-jumping and tricks. |
| b) Diving and other underwater activities necessitating the use of breathing equipment <input type="checkbox"/> | f) Motorcycling as a rider or passenger <input type="checkbox"/> | k) Winter sports other than curling or skating <input type="checkbox"/> |
| c) Flying parachuting or other aerial activity except as defined ★ | g) Mountaineering or rock or cliff climbing necessitating the use of ropes or guides | i) Wrestling boxing judo karate or any form of unarmed combat. <input type="checkbox"/> |
| d) Football Hunting Ice Hockey Polo playing Pot-Holing Speleology Steeplechasing or any sport on horseback <input type="checkbox"/> | h) Racing other than racing on foot or swimming or in dinghies | m) Power-boating ★ |
| | i) Using Woodworking Machinery ★ <input type="checkbox"/> | |

★ Definitions

Flying means flying in a fully licensed passenger-carrying aircraft as a passenger, but not as a member of the crew, nor for the purpose of engaging in any trade or technical operation therein.

Wood-working Machinery does not include portable tools applied by hand.

Power-boat means any combination of boat and engine capable of travelling faster than 30 knots.

Every question must be answered fully. Ticks and dashes are not acceptable

| | | |
|--|-----------------------------------|--|
| 1. Name of Proposer | | |
| Address | | Telephone |
| Business | | |
| 2. Name of person to be insured if other than the Proposer | | |
| Address | | Telephone |
| Questions applying to persons to be insured | | |
| 3. Occupation (give details of duties) (please see guide to classification of occupation) | | |
| 4. Does the work include | | (i) Yes / No |
| i) manual work? | | (ii) Yes / No |
| ii) the use of machinery | | |
| If yes, specify | | |
| 5. Is the person to be insured | Employer <input type="checkbox"/> | Employee <input type="checkbox"/> Self-Employed <input type="checkbox"/> |
| 6. State how much of your working time is spent in | i) office% | ii) workshop% iii) outside% |
| 7. State net annual income | € | |
| 8. Do you ride a motorcycle? | Yes / No | |
| If yes, state c.c. of m/cycle | c.c. | |
| 9. State (a) Date of Birth | (a) | |
| (b) Height | (b) | |
| (c) Weight | (c) | |
| (d) Whether right or left handed | (d) | |

| | |
|---|--|
| 10. Has the person to be insured a) any physical or mental defect, impairment of eyesight or hearing, ill-health of any description or any recurrent condition? If "Yes", give particulars | Yes / No |
| b) during the past 10 years suffered from or been disabled for more than 7 days by any injury or illness? If "Yes", state (i) Nature (ii) Year (iii) Duration | Yes / No (i) (ii) (iii) |
| c) received medical advice or treatment during the past 12 Months? If "Yes", give particulars | Yes / No |
| d) take any drugs regularly? If "Yes", are they prescribed by a Doctor? Please give particulars | Yes / No |
| 11. Is the insurance to be additional to any other Accident or Illness policy covering the person to be insured? If "Yes", state amount(s) of benefit(s) provided by all other policies | Yes / No |
| 12. Has any Insurer in respect of Accident or illness or Life Assurance declined or required special terms to insure you or the person to be insured? If "Yes", state company and details | Yes / No |
| 13. How often does the person to be insured travel by air? | times per year |
| 14. Period of Cover – Operative Time (Please, tick the box for the operative time required) - Twenty-four hours <input type="checkbox"/> - Employment Accident <input type="checkbox"/> - Employment Accidents and Commuting <input type="checkbox"/> | |
| Benefits required – complete 1 to 5 below entering NIL for any benefits not required | |
| Accidental bodily injury resulting in | SUMS INSURED |
| 1. Death | € |
| 2. A. Permanent Disablement–STANDARD SCALE - TABLE A OR B. Permanent Disablement - EXTENDED SCALE - TABLE B | € € |
| 3. Temporary Total Disablement (from usual occupation) Compulsory Excess: The first 3 days (for all classes) | ★ per week € excluding first days in addition to the Compulsory Excess ★ (Not to exceed 0,4% of the largest capital benefit insured or 80% of average net weekly earnings whichever is the minimum) |
| 4. Temporary Partial Disablement (from usual occupation) Compulsory Excess: The first 3 days (for all classes) (Provided benefit 3 – T.T.D. – is inapplicable) | per week €..... excluding first days in addition to the Compulsory Excess |
| 5. Medical Expenses (Not payable if the Insured person is entitled to free Medical Treatment under any government or private scheme) Compulsory Excess: 10% Each case: Minimum €17,00 Maximum €125,00 | up to € |

PREMIUM PAYMENT

I wish my annual premium to be paid as follows (please mark ✓ or X whichever option applies)

☐

Settlement in ONE (1) Instalment

☐

Settlement in:

☐

TWO (2)

☐

THREE (3)

☐

FOUR (4)

consecutive monthly instalments (one-off charge €1,00 for each instalment)

Note:

In all cases, the 1st Instalment is due for payment on or before the starting date of the period of the Insurance

☐

Direct Debit Banking Mandate

I would like to pay my policy premium using a Direct Debit, and hereby enclose a signed Direct Debit Mandate form

Note:

Where the duration of the policy is less than one year, premium must be fully prepaid

Identity Card No.

Company Registration No.

STATUTORY DECLARATION AND CONSENT FORM FOR THE PROCESSING OF PERSONAL DATA

Forming part of this Proposal Form which together shall constitute the basis of the Policy which may be issued.

(All references to the singular shall also mean to the plural unless the context otherwise requires)

I declare that the answers and information which have been given in this Insurance Proposal Form are absolutely correct and that I have not withheld, misstated or misrepresented any material information in connection with this Proposal. I agree that this Declaration as well as the answers and information which I have given in this as well as any other information, declaration or statement made by me or by anybody acting on my behalf will form the basis of the Insurance Policy which may be issued to me by Eurosire Insurance Company Ltd (hereinafter referred to as Eurosire or the Company). I further agree that I shall accept to be indemnified based on the Terms and Conditions which will appear in and/or which will be endorsed in the Insurance Policy which may be issued to me.

I declare that any Insurance Intermediary or other Representative or Employee of Eurosire who helps me in completing or who completes on my behalf the Proposal Form and/or assists me in the completion of any other document and/or provides any information to the Company for the purpose of obtaining a quotation and/or any subsequent Insurance coverage for me is acting on my behalf.

I declare that the cover which may be provided as well as my responsibilities and obligations under the Insurance Policy in respect of which this Proposal is completed has been fully explained to me by the Insurance Intermediary named below or by any representative or employee of Eurosire I declare that it fully satisfies my insurance requirements in relation to the subject matter of insurance under this Proposal.

I declare that I understand that Eurosire is not obliged to accept and offer any Insurance coverage based on this Proposal and only when confirmation of cover has been issued by the Company in writing will any cover apply.

I declare that under the provisions of the General Data Protection Regulation (GDPR) (EE) 2016/679 or any other Law or other regulation amending or replacing it, Eurosire, as processors of personal data within the meaning of the GDPR, may collect and process personal data for the sole purpose of providing the services I request from the Company. Eurosire may process/pass on my personal data to third parties to the extent that this is required as a contractual necessity, on the ground of legal obligations, and legitimate interest.

I also declare that I understand that such personal, sensitive and confidential information which has been given or will be given in the future to Eurosire by me or has been provided by Third Parties to the Company or has been abstracted from other Insurances, other Companies or other information for the purpose of providing their services to me, may be given to Third Parties, other Insurers, Insurance and Reinsurance Intermediaries, such as Surveyors/Adjusters, Repairers, Legal Advisors, Doctors, Insurance Consultants, Auditors, Reinsurers in order to provide me with the services and fulfilment of tasks deriving.

Consent - Sensitive Personal Data

In accordance with the provisions of articles 5, 6, 7 and 9 of the General Data Protection Regulations, I declare that I understand that Eurosire Insurance Company Ltd needs to collect, evaluate and process personal data that is relevant to health in order to proceed with the preparation of the appropriate insurance program. The assessment of my personal data of this nature will allow Eurosire either to accept or not the insurance claim and to calculate the premium corresponding to the risk assumed.

I declare that I understand, that for the smooth operation of the insurance contract both at the risk assessment stage and especially at the time of the insured event, my consent covers both the reception and transmission of sensitive data to and from third parties (such as Insurance Funds, Hospitals, Diagnostic Centers, etc.).

Personal data will be retained for the minimum amount of time required under the Company's contractual or legal obligations.

I understand that if I do not wish to consent to the processing of my sensitive personal data, the insurance company may reject the application for insurance.

I have the right to recall my consent at any time by informing the Data Protection Officer of the Company in writing, either by letter to the Company's mailing address or by email dpo@eurosire.com.

Statement of Consent

☐ I consent that Eurosire Insurance Company processes my Sensitive Personal Data for the purpose of providing insurance services

Signature of Proposer

Date

Signature of Proposer

Date

Name of the
Insurance Intermediary

Signature of the
Insurance
Intermediary

(Signing this form does not bind you to complete this insurance)

The insurance will not come into force until the Proposal has been accepted in writing by the Company.



eurosire
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Professionally Sure