

# Ascot Guard Family Proposal Form

## Proposer Details



■ Name of Applicant to be insured under this Policy:

■ Applicant's principle address:

■ Description of Applicant's Business / Industry type:

■ Personal Information:

Net worth of Applicant

Annual income of Applicant

■ Persons designated by the Applicant to be covered under this policy (please use additional sheet provided at the end of the document if required):

Name

Date of Birth

Relationship to Applicant

Country of Residence

■ Please confirm any additional occupations of the persons listed above, if different to that of the Main Applicant:

■ Does the Applicant or any person(s) listed above have high profiles due to social, political or occupational activities? If so, please describe:

■ Do you hold any cryptocurrency?

Yes

No

■ Risk Management: does the Applicant or any person(s) listed above undertake any special security precautions? If so, please describe:

■ Has the Applicant or any person(s) listed above ever been declined for this type of insurance? If so, please describe:

■ Please confirm if the Applicant or any person(s) listed above, has had any previous Threats or Incidents or any specific fact which may reasonably give rise to a claim under the proposed policy in the last three years? If so, give details:

■ Extent of travel outside the country:

Country

Number of Trips

Duration of Travel

Number of Persons Travelling

# Insurance Details

Please insert limits required:

1M

2M

3M

5M

10M

Other, please specify:

Currency:

Date that cover should commence:

Period of cover required:

12 Months

36 Months

Other, please specify

I/we declare that this proposal form has been completed after a fair presentation of the risk being made by the insured; its contents are true and accurate and that all material facts and matters or sufficient information to put a prudent insurer on notice that further enquiries are needed has been disclosed to the Insurer as part of this Proposal Form.

I/we undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of this Proposal for insurance.

I/we under that non-disclosure or misrepresentation of a material fact or matter entitle the Insurer to avoid the policy, may impact the terms of the cover or may mean that a claim is not paid or is not paid in full.

Signature

to be signed by the Applicant

Print Name

Date

## Travel Details (contd.)



■ Persons designated by the Applicant to be covered under this policy:

Name

Date of Birth

Relationship to  
Applicant

Country of  
Residence