

# GLOBAL RISK SOLUTION APPLICATION FORM

Please check all details are accurate before you return the form to us duly completed and signed.

Utmost Corporate Solutions (UCS) reserve the right to withhold the assumption of risk until we are in receipt of all outstanding information requested in the Quotation.

UCS does not provide advice, if you have any queries before proceeding with your application, please consult with your appointed intermediary.

Once complete, please scan and send this form along with any supporting documents to [nbquotes@utmostcorporate.com](mailto:nbquotes@utmostcorporate.com)

## BEFORE YOU BEGIN

Before completing this Application Form, please ensure you have read our Terms and Conditions.

Capitalised words and phrases are defined terms as described in the Policy Terms and Conditions.

PAGE	SECTION	COMPLETED
2	1 – Policyholder details	<input type="checkbox"/>
2	2 – Policy Commencement Date	<input type="checkbox"/>
3-4	3 – Membership	<input type="checkbox"/>
4-5	4 – Benefit details	<input type="checkbox"/>
5	5 – Billing details	<input type="checkbox"/>
5-6	6 – Previous Scheme History	<input type="checkbox"/>
7	7 – Authorised Signatories	<input type="checkbox"/>
7	8 – Data Protection	<input type="checkbox"/>
8-9	9 – Declarations	<input type="checkbox"/>

## A WORLD *of* DIFFERENCE

Utmost Corporate Solutions is the trading name used by Utmost Worldwide Limited and Utmost PanEurope dac.

Utmost PanEurope dac is regulated by the Central Bank of Ireland. Utmost PanEurope dac is a designated activity company registered in Ireland (number 311420), with a registered office at Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland.

Utmost Worldwide Limited is incorporated in Guernsey under Company Registration No. 27151 and regulated in Guernsey as a Licensed Insurer by the Guernsey Financial Services Commission under the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended), with a registered office at Utmost House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA.

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+44 (0) 1481 715 400 (Worldwide)  
E [nbquotes@utmostcorporate.com](mailto:nbquotes@utmostcorporate.com)  
W [utmostinternational.com](http://utmostinternational.com)

Quotation reference

Date of issue

Intermediary name  
(if applicable)

**1 POLICYHOLDER DETAILS**

Policyholder Type  Trustee  Employer  Both  Other

Policyholder name

Registered address

Correspondence address

**ORGANISATIONAL TYPE**

Private Limited Company  Public Limited Company

Partnership  Sole Proprietor

Other

If both or other please confirm the Policyholder for each coverage and/or the organisation type as applicable

Nature of business

Web address

Tax reference

Registration number

**2 POLICY COMMENCEMENT DATE**

Policy Commencement Date

Renewal Date<sup>1</sup>

<sup>1</sup> If not specified, the Renewal Date will be the anniversary of the Commencement Date.

**3 MEMBERSHIP**

Please tick one box describing the Employees to be covered:

- a Compulsory for all Employees, including working directors
- b Compulsory for all Employees within a defined category or categories
- c Compulsory for all pension scheme Members only
- d If other basis, please provide full details:

**I. ELIGIBILITY**

Eligibility is the set of criteria that Employees (or Spouses and children (if applicable)) must satisfy to become a Member under the Policy, including their location where relevant.

Please confirm the definition of Eligibility to be applied to the Policy including minimum/maximum age for entry and when the cover should stop.

Minimum entry age	<input type="text"/>	Maximum entry age	<input type="text"/>
Length of service to qualify	<input type="checkbox"/> Immediate	After (no. of months)	<input type="text"/>

Please outline any categories of Employees or grade to be covered:

Please outline any group of Employees that are to be specifically excluded from cover if applicable:

Where Policyholder detailed in question 1 is not the Employer and/or there are several associated Employers participating in the scheme please list the full legal name and address for each Employer:

If different Eligibility rules apply to different coverages, please indicate the conditions that must be satisfied for each cover option in order for Members to be covered for benefits:

**Note:** If the selected basis differs from the Quotation, the terms quoted will be reviewed.

**3 MEMBERSHIP (CONTINUED)**

**II. CATEGORIES OF STAFF**

Where benefits vary depending on category please provide a full description of the variations applicable for each category.

**Note:** If an individual is to receive cover, which is different to that specified for their category, they will be considered a Discretionary Entrant and their benefit will be subject to full medical Underwriting.

Level/Grade	Service Requirements	Open/Closed Group

**4 BENEFIT DETAILS**

Please provide full details of covers selected and benefit options below:

Cover	Category of Staff (if applicable)	Benefit Description

**Note:** If the selected basis differs from the Quotation then the terms quoted will be reviewed.

**I. DEFINITION OF EARNINGS**

Please confirm the applicable definition of Earnings to apply to your policy:

- 1 Basic annual salary (excluding bonuses, commission, overtime and other supplements)
- 2 Average of the last three years' total remuneration
- 3 Basic annual plus average of the last three years' fluctuating emoluments
- 4 Other as agreed by us and defined as:

**4 BENEFIT DETAILS (CONTINUED)**

5 If different definitions of Earnings apply to different covers or categories of Employee, please indicate the applicable definition below:

Cover	Category of Staff (if applicable)	Definition of Earnings

**5 BILLING DETAILS**

**Premium payment**

The premium must be paid in the Policy Currency stated on the Quotation.

If the premium is paid by an entity other than the Policyholder or Employer, please clarify below the relationship with the Policyholder and the reason for such arrangement, for example, third party administrator, payroll company or administrative entity.

**Note:** Quotations are based on a premium paid annually in advance unless otherwise agreed and stated on the Quotation. Payment at a frequency other than annual is subject to an additional charge.

**Mid-Term Adjustments**

Policies with 10 Members or more are administered on a simplified administration basis. Policies with less than 10 Members are priced on a single premium basis with proportionate adjustments for changes in benefit joiners and leavers. Full administration is not available unless agreed prior to issue of the on risk quote.

**6 PREVIOUS SCHEME HISTORY**

Name of previous insurer(s)

Policy number(s)

Date insurance originally commenced

d	d	m	m	y	y	y	y
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**Previous insurer's Free Cover Level**

Group Life

Group Income Protection

Group Critical Illness

**5 PREVIOUS SCHEME HISTORY (CONTINUED)**

Group Total and/or Partial Permanent Disability

Are the policy(ies) Eligibility conditions or benefit basis provisions being changed on the Commencement Date?

Yes

No

If Yes, please give details of the changes:

Are there any Employees who have previously been declined cover, had cover postponed, had cover restricted to a certain benefit level, had an exclusion applied or for whom an additional premium has been required following medical Underwriting?

Yes

No

If Yes, please provide us with the Member(s) details below. Please also provide evidence of previous insurer(s) underwriting decisions on previous insurer(s) headed paper or equivalent.

Name or unique Employee reference number	Date of birth	Coverage	Benefit amount underwritten	Underwriting decision	Date of decision	Underwriting basis <small>(i.e. forward underwriting or once and done)</small>

**7 AUTHORIZED SIGNATORIES**

**Completion of this section is essential for Utmost Corporate Solutions to continue to provide risk acceptance.**

As part of our compliance requirements, we need to receive a Policyholder signatory list including the name, position and signature of all the Employees authorised to give instructions in respect of this Policy.

Name	Position	Signature

**8 DATA PROTECTION**

Utmost Corporate Solutions is a brand name used by Utmost PanEurope dac and Utmost Worldwide Limited.

Utmost Corporate Solutions recognises that protecting your personal information, including special categories of data (sometimes referred to as sensitive personal data) is very important to you and that you have an interest in how we collect, use, store and share such information.

To provide our services, Utmost Corporate Solutions needs to collect and use information about individuals such as their name, address and date of birth as well as other necessary information. The purposes for which we use personal data may include arranging insurance cover, handling claims and to meet our regulatory obligations.

More information about our usage and secure storage of personal data is provided within our full joint Data Protection and Privacy Notice online:

- › Utmost PanEurope dac Privacy notice at [www.utmostinternational.com/privacy-statements](http://www.utmostinternational.com/privacy-statements).
- › Utmost Worldwide Limited Privacy Notice at [www.utmostinternational.com/privacy-statements](http://www.utmostinternational.com/privacy-statements).

Hard copies are available on request by writing to or emailing:

- › Data Protection Officer, Utmost Pan Europe dac, Ashford House, 18 - 23 Tara Street, Dublin 2 D02 VX67 or email [dataprotection@utmost.ie](mailto:dataprotection@utmost.ie)
- › Data Protection Officer, Utmost Worldwide Limited, Utmost House, Hirzel Street, St Peter Port, Guernsey GY1 4PA Channel Islands, email [dataprotection@utmostworldwide.com](mailto:dataprotection@utmostworldwide.com)

Providing the services may involve the disclosure of personal data to third parties such as insurers, reinsurers, loss adjusters, premium finance providers, sub-contractors, our affiliates and to certain regulatory bodies who may require your information themselves for the purposes described in the above mentioned Privacy Notices.

It may sometimes be necessary to transfer personal information overseas. When transfers are needed, personal information may be transferred to countries outside the European Economic Area (EEA). Any transfers made will be in full compliance with all aspects of relevant data protection legislation, ensuring that there are appropriate safeguards in place.

In some circumstances, we (and other insurance market participants) may need to collect and use special categories of personal data (e.g. health information) and/or information relating to criminal convictions and offences. Unless another legal ground applies, your consent to this processing may be necessary for us to provide you with the relevant services. Where your consent is relied upon to process data, you have the right to withdraw that consent at any time, however, if consent is withdrawn, we may be unable to continue to provide our services and this may mean that we are unable to process an enquiry or a claim and we may stop providing the applicable insurance cover.

Personal data provided to us for the purposes of fulfilling our services on the Global Risk Solution will not be used for marketing purposes.

9 DECLARATIONS

**Actively at Work Declaration**

For new schemes not previously insured and for switching schemes, where Actively at Work has not been waived, please list below the Eligible Employees who are not considered to be Actively at Work on the relevant date or refer to relevant communication:

Name	Sex	Date of birth	Salary	Start of absence	Nature of absence (e.g. maternity leave, illness)



9 DECLARATIONS (CONTINUED)

**Declaration**

You should ensure that all information provided is to the best of your knowledge and belief, complete, accurate and not misleading and that no material fact is omitted or concealed. Material facts are facts that an insurer would consider likely to influence their assessment of, and decision to accept, a contract of insurance. If you are unsure whether a fact is a misleading fact, you should disclose it.

If you include any incomplete or misleading information or fail to disclose any material fact, either before or during the life of the Policy, this could result in the wrong terms being quoted, a claim being rejected, repudiated, reduced or the Policy being rendered invalid.

We  Policyholder

- › confirm that we understand that the personal data of Members included in this application and disclosed as a result of the administration of the Policy may be processed, stored or transferred in accordance with the section entitled 'Data Protection' of the Policy Document, and indemnify Utmost Corporate Solutions in respect of any liability which may occur as the result of the use of such information; and
- › confirm that the answers provided in this Application Form including any supplementary documents is complete, accurate and not misleading and no material facts have been concealed or omitted.
- › understand that failure to provide all completed documents as stated in our Terms and Conditions within the required timeline will result in cover being suspended.

We hereby request that Utmost Corporate Solutions provides international insurance services to us in accordance with details in this document.

To be signed by a signatory from the authorised Policyholder signature list:

**SIGNATURE**

Print full name

Date

Where the Policyholder is not the Employer:

We  confirm our acceptance of the declaration above.

**EMPLOYER SIGNATURE**

Print full name

Date