

Application Form for the 'ASTARTE' Death from Accident/Illness Insurance Contract N°CGUF09PAH00097

ASTARTE



This product meets the demands and needs of those who wish to ensure that their accident/illness death insurance needs are met now and in the future

This group insurance contract has been concluded between **Association Schetland** for its members and the Insurer Cooper Gay France SASU, 24 rue Mogador, 75009 Paris, France acting on behalf of syndicates of **Lloyd's of London**, One Lime Street, London, EC3M 7HA, United Kingdom.

Member:

Surname: First Name:

Address:

Post Code: Town:

Country:..... Tel: Work:

Email Mobile: Fax:

Profession:D.O.B.

Marital status: Single Married Divorced Separated Widow(er) Other

Summary of Cover:

- Cover is valid **24 hours a day** in the event of **Death due to Accident or Illness** occurring during the course of the Insured's **professional or personal life**.
- **Cover can only be taken out by persons aged between 18 and 65.**
- **And in accordance with the conditions and exclusions of the group contract N° CGUF09PAH00097 'Astarte Death Accident/Illness Insurance Contract'.**

Benefit payable in the event of death: € 100,000

Medical History (past 5 years):

1/ Have you consulted a doctor or a surgeon at a clinic or at a hospital during the past 5 years, or do you anticipate consulting one in the near future for any illnesses other than colds or other minor illnesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2/ Are you undergoing any long-term medical treatment, prescribed by a doctor or otherwise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3/ Have you suffered from any cancerous or renal illness, high blood pressure, attacks, diabetes, circulatory, cardiac or arterial complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No

IF YOU REPLY 'YES' TO ONE OR MORE OF THE ABOVE QUESTIONS, YOU WILL NOT BE ABLE TO TAKE OUT COVER.

Beneficiary of Cover:

In the event of death, the benefit is payable to your spouse, failing this to your living or represented children, failing this to your heirs. **If you wish to nominate another beneficiary, please indicate their name(s) below:**

.....
.....

Premium Rates (including taxes):

Age	Annual Premium per Member *	Six-monthly Premium per Member *
18 – 29	€ 240.60	€ 135.30
30 – 39	€ 323.60	€ 176.80
40 – 45	€ 573.60	€ 301.80
46 – 49	€ 740.60	€ 385.30
50 – 54	€ 1240.60	€ 635.30
55 – 59	€ 1740.60	€ 885.30
60 – 65	€ 2073.60	€ 1051.80

*Including € 30.00 fee

Cover only incepts when the premium has been received and paid.
 If a person joins mid-term, the premium is calculated pro-rata between the date of membership and the annual renewal date of the policy (the 31st of May of each year).

THERE IS A WAITING PERIOD OF 30 DAYS FROM THE DATE OF MEMBERSHIP FOR DEATH BY ILLNESS COVER.

Date of Inception required: . . / . . / 20. . . .

Method of payment:

- Premiums are payable in advance annually or six-monthly
 by direct debit (please complete the direct debit mandate below) or
 by cheque or bank transfer

Autorisation de prélèvement :

Nom du Créancier : AMARIZ LTD

National d’Emetteur : 476535

J'autorise l'Etablissement teneur de mon compte à prélever sur ce dernier, si la situation le permet, tous les prélèvements ordonnés par le créancier désigné ci-dessus. En cas de litige sur un prélèvement, je pourrai en faire suspendre l'exécution par simple demande à l'Etablissement teneur de mon compte. Je réglerai le différend directement avec le créancier.

Titulaire du Compte	Etablissement Bancaire								
Nom / Prénom	Nom de la Banque								
Adresse	Adresse de la Banque								
Code Postal Ville	Code Postal Ville								
Date / /	Le compte à débiter (Joindre un RIB ou RIP)								
Signature	<table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 25%;"></td> <td style="border-bottom: 1px solid black; width: 25%;"></td> <td style="border-bottom: 1px solid black; width: 25%;"></td> <td style="border-bottom: 1px solid black; width: 25%;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Code Banque</td> <td style="text-align: center; font-size: small;">Code Guichet</td> <td style="text-align: center; font-size: small;">Numéro de compte</td> <td style="text-align: center; font-size: small;">Clé</td> </tr> </table>					Code Banque	Code Guichet	Numéro de compte	Clé
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Membership to Association Schetland:

For persons who are not already a member of Association Schetland (subscriber of the group contract):

- I hereby agree to become a member of Association Schetland and confirm that I have read the rules of the Association enclosed with my application form.
- I enclose a cheque in the sum of € 15.24 (or equivalent in Sterling) payable to Schetland in respect of my membership fee to the Association.

Town of signature Date of signature Signature :

Signature:

I the undersigned

- Declare that, to my knowledge, the information on this application form is correct and propose that it serves as a basis for the establishment of the contract that I am subscribing. Any concealment or intentional misrepresentation, any omission or inaccurate statement will lead to the sanctions provided for in Articles L 113-8 (Nullity of the Contract) and L 113-9 (Reduction of Benefits) of the *Code des Assurances* as appropriate.
- Confirm that I give my explicit consent for my personal data to be processed in order to set up and administer my cover.
- Declare that I have familiarised myself with and accepted:

The conditions of membership contained in this document, the summary of the general conditions of the group contract 'Astarte Death from Accident/Illness Insurance Contract' N° CGUF09PAH00097 underwritten by Cooper Gay France SASU on behalf of certain Subscribers of Lloyd's of London, and the policy summary.

These documents are available from www.amariz.co.uk or on request.

Having replied 'No' to the three questions concerning my medical history, I note that I am a member of the group contract from the date of inception indicated above and on the date of receipt of the premium at the earliest.

Town of signature Date of signature Signature :

Notice to the Applicant:

This contract is subject to the laws of the French Republic. It is moreover advised that the Subscribers of Lloyd's of London are regulated by the Financial Services Authority, 25 The North Colonnade, Canary Wharf, London E14 5HS, England.

Please send your completed application form, along with your payment(s) to:

AMARIZ LTD
Imperial House
1 Harley Place
BRISTOL BS8 3JT
UNITED KINGDOM
Tel:+44 (0) 117 974 5770 Fax:+44 (0) 117 974 5780
Freephone from France: 0800 900 258

THE INSURED MEMBER
Signature preceded by the text
'READ AND APPROVED'