

Corporate GlobalProtection

CORPORATE APPLICATION FORM



WILLIAM RUSSELL
Peace of mind wherever you are

COMPANY DETAILS

Company name:

Address for correspondence:

Telephone No:

Fax No:

Email:

Type of business:

CONTACT NAME(S) AT COMPANY

Contact 1:

Position in company:

Telephone No:

Fax No:

Email:

Contact 2:

Position in company:

Telephone No:

Fax No:

Email:

ELIGIBLE EMPLOYEES

Is cover required for ALL employees? YES NO

If cover is not required for all employees, please confirm the category or categories of employee(s) for whom cover is required

LIFE INSURANCE BENEFIT

Select the life insurance benefit required up to 5 x salary subject to a maximum benefit limit of US\$1,500,000 or €1,200,000 or £900,000

- 1 x salary

- 2 x salary

- 3 x salary

- 4 x salary

- 5 x salary

ACCIDENT BENEFIT (ONLY AVAILABLE WITH LIFE INSURANCE BENEFIT)

Tick this box if you wish to include double indemnity cover if death occurs as a result of an accident.

Accident benefit is equal to the Life Insurance Benefit subject to the limits stated below.

The maximum accident benefit available is £300,000 or US\$500,000 or €500,000. This maximum is reduced to £200,000 or US\$335,000 or €335,000 when Income Protection Benefit is taken, and to £100,000 or US\$160,000 or €160,000 if the employee is aged between 55 and 64.

INCOME PROTECTION BENEFIT

Income protection benefit is available as a percentage of salary. You can insure up to 75% of your employees' salaries. Please confirm the percentage of salary you wish to insure

% of salary

Please also confirm the deferment period you require

3 months

6 months

The deferment period is the waiting period during which no benefit is paid.

PLEASE ENCLOSE AN APPLICATION FORM IN RESPECT OF EACH EMPLOYEE FOR WHOM COVER IS REQUIRED



CURRENCY, METHOD AND FREQUENCY OF PREMIUM PAYMENT

1. Currency required:

The following currencies are available:

- Sterling Dollars Euros

2. Payment frequency:

The following payment frequency options are available:

- Annually
 Semi-annually
 Quarterly
 Monthly

3. Method of payment:

The following options are available:

- By cheque or bank draft payable to William Russell Limited and drawn on a UK bank account (Annual payments only)
 By bank transfer (Annual payments only)

If you wish to transfer your premium to our account, the bank account details are as follows:

Sterling Transfers

National Westminster Bank plc.,
P O Box 358, 1, High Street,
Woking, Surrey GU21 1BE
Sort Code: 60-24-20
Account Name: William Russell Limited IBA
Account No: 16213378
Swift Code: NWBK GB 2L
IBAN: GB74 NWBK 6024 2016 2133 78

US Dollar Transfers

National Westminster Bank plc.,
P O Box 358, 1, High Street,
Woking, Surrey GU21 1BE
Sort Code: 60-24-20
Account Name: William Russell Limited IBA
Account No: 140/08782555
Swift Code: NWBK GB 2L
IBAN: GB23 NWBK 6073 0108 7825 55

Euro Transfers

National Westminster Bank plc.,
P O Box 358, 1, High Street,
Woking, Surrey GU21 1BE
Sort Code: 60-24-20
Account Name: William Russell Limited IBA
Account No: 550/00/11500085
Swift Code: NWBK GB 2L
IBAN: GB26 NWBK 6072 0611 5000 85

- By direct debit. This method of payment is only available if you pay Sterling premiums from a UK bank account. An original completed and signed direct debit mandate will be required before we can commence your cover. Direct debit mandates are available from our web site or by contacting William Russell Limited.

- By credit/debit card. Please complete your card details below.

Credit/Debit Card (Tick as appropriate)

- VISA MASTERCARD AMEX SWITCH DOMESTIC MAESTRO DELTA SOLO

Card Number: _____

Expiry date: _____

Issue date: (if applicable) _____

Issue No: (if applicable) _____

Address to which card is registered: (if different from the address overleaf) _____

Signature of card holder: _____

Name as on credit/debit card: _____

START DATE

Date on which you wish your Corporate Global Protection plan to commence:

- On acceptance Other _____

Please note that we cannot commence your plan until we have accepted your application form and the application forms submitted by your employees and until we have received payment of your first annual, semi-annual, quarterly or monthly premium in accordance with the terms of the Corporate Global Protection Plan agreement. Cover cannot be back dated

THE INSURER

The insurer is Hauteville Insurance Company Limited. The plans are administered by William Russell Limited.

DECLARATION AND AUTHORISATION

We hereby apply for a Corporate Global Protection plan as specified above.

We have read and understood the Corporate Global Protection plan agreement and agree to accept the insurance as contained therein.

We declare that to the best of our knowledge and belief the above information and the information supplied in respect of our employees, is true and complete.

We confirm that membership of the Group Plan is compulsory, with all eligible employees being insured.

We understand and agree that no cover will be provided under the proposed insurance plan until the applications for all eligible employees have been accepted by William Russell Limited, and until the appropriate premium has been received by William Russell Limited.

We declare that all employees are actively at work, i.e. consistently working their contracted number of hours, undertaking their normal duties, and not working contrary to medical advice.

Signed (on behalf of the Employer): _____

Date: _____

Position in Company: _____