

Group Personal Accident and Sickness (Farmworkers) Proposal Form

Important Information

Please read the following carefully before you sign and date the Declaration.

The questions on this proposal form and any other details we specifically request relate to facts which we consider material to underwriting this insurance. However, because no list of questions can be exhaustive, please consider whether there is any other material information which is known to you which could influence our assessment and acceptance of the risk.

The insurance we offer is based upon the information provided to us and you must ensure that all information is complete and accurate and that any facts which may influence our decision to accept the risk on the terms offered have been disclosed. This duty to disclose information continues throughout the life of a Policy and at each renewal. If you fail to disclose material information you may invalidate your insurance cover which may mean that part, or all, of any claim may not be paid.

We recommend that you should keep a record, including copies of letters and this proposal form, of all information supplied to us for the purpose of entering into this insurance.

Please tick the box if you would like a copy of this proposal sent to you.

Marketing Preferences

From time to time Cornish Mutual would like to keep you up to date with information and offers on other insurance products and services that we feel may be of interest to you.

We respect your privacy and will **never** share your information outside Cornish Mutual and its agents for marketing purposes. We also **won't inundate you** - we'll only ever alert you to products or offers we think you may benefit from.

No I do **not** wish to receive offers or information from Cornish Mutual by post.

Yes please send me news, offers and information from Cornish Mutual by email.

Please note you will be given the option to unsubscribe from emails at any time.

Declaration

I declare that to the best of my knowledge and belief the answers given are true and complete.

I agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my agent and acting on my behalf, and not the agent of the Cornish Mutual Assurance Co. Ltd.

I declare that this Proposal Form is for insurance in the normal terms and conditions of the Insurer's Policy.

I agree that the information provided on this proposal form and any information supplied by me shall be incorporated in and form part of the insurance contract.

I wish to effect insurance with, and apply to become a member of, The Cornish Mutual Assurance Company Limited in accordance with the terms of the Company's Memorandum and Articles of Association.

Before signing the Declaration please check your answers carefully particularly if this proposal form is not completed in your own hand.

Proposer's Signature Date