# SPORTS ACCIDENT PLAN

## APPLICATION FORM - INDIVIDUAL

HIVE
Insurance Services

## POLICYHOLDER DETAILS

Title:

Forename:

Surname:

Address:

Postcode:

Tel (mobile):

Tel (home):

Email:

Date of birth:

☐ Male
☐ Female

*Note: please ensure you have written your email address clearly and correctly, as we will use this address to email your welcome documents to you.*

Occupation:

☐ Employed
☐ Self-employed

MCUI Membership Number:

## PLAN AND PAYMENT DETAILS

Level of cover and annual premium:
☐ Silver - £360 ☐ Gold - £600

Start date:
☐ As soon as possible (we'll aim to put you on risk within 3 working days of receiving your application and will confirm by sending you a Certificate of Insurance)
☐ Future date. Please state: _____ (this cannot be within 7 days of receiving your application)

## IMPORTANT INFORMATION

### MORATORIUM CLAUSE - PRE-EXISTING MEDICAL CONDITIONS:

The Underwriters shall not be liable for claims arising out of or attributable to any physical defect, infirmity or medical condition known to the Insured Person at the inception date of this insurance or date of their addition, whichever the later. This exclusion shall not apply if such condition has been without the necessity of medical consultation or treatment for 24 consecutive months prior to the commencement date of this insurance. Any medical conditions that are excluded at commencement date of this insurance can be become covered once you complete 24 consecutive months without the necessity of medical consultation or treatment.

### DECLARATION

I hereby apply for insurance to Pulse Insurance Limited, under their usual terms and conditions. I confirm that the information supplied by me in connection with this proposal is correct to my knowledge and belief. I note that I should keep a record of all information supplied for the purpose of this proposal and that a copy of such information will be supplied if requested by me. Furthermore, I have an annual income from a non-sporting occupation (where I work at least 16 hours per week) that exceeds the Temporary Total Disablement benefit on my chosen plan and I understand this occupation will be used to assess any disablement claim. I have been provided with details of the procedure to follow in the event of a complaint.

**Please sign and date here:**

| Applicant's signature: X | Date: |
|---|---|

## THIRD PARTY DECLARATION

Please note: This section is only to be completed if the person paying for the plan is not the policyholder

I declare that I will pay the premium for the policy in the name of _____
and this level of financial commitment is affordable now and in the future.

Should a claim arise, I understand that I am not eligible to benefit in any way from the policy.

My relationship to the customer is: _____

| Account holder signature: X |
|---|

## PLEASE HELP US TO GO GREEN

Each year we send policyholders an annual review letter and an Insurance Product Information Document, which is a summary of key information relating to your plan. As an environmentally responsible company, we would like to ask for your permission to send you this information by email - not only will this reduce the amount of paper we use, it will also make it easier for you to manage your policy paperwork.

Please can you tick the box below to confirm you are happy to receive this correspondence by email. Sincere thanks for your support in helping us to make a difference to the environment.

I request that my annual reviews and Insurance Product Information Documents are sent to me by email: ☐

# INITIAL CREDIT/DEBIT CARD PAYMENT FORM

HIVE
Insurance Services

## 1 CARDHOLDER'S DETAILS (only complete if different to Policyholder details on page 1)

| Title: | Forename(s): | Surname: |
|---|---|---|

Full address:

Postcode:

## 2 CARD DETAILS

Card type: ☐ Mastercard ☐ Visa ☐ Maestro

Credit/debit card number:

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | |

| Issue number: *(debit cards only)* | Security code: | Valid from: (mm/yy) | Expiry date: (mm/yy) |
|---|---|---|---|
| | | / | / |

We will NOT keep your credit/ debit card information on file.

PLEASE EMAIL YOUR COMPLETED APPLICATION FORM TO:
MCUI@freelancefinancial.co.uk

## DATA PRIVACY

For details on how and when Pulse Insurance Limited process your personal information please visit www.pulse-insurance.co.uk/privacy-policy. You can also find information in your Policy Booklet.

Please visit the Privacy Policy page on our website, www.hiveinsure.co.uk, for further information about how and when we process your personal information.

### HOW WE USE YOUR INFORMATION

The personal information, provided by you (or anyone acting on your behalf), is collected by or on our behalf and may be used by us, our employees, agents and service providers acting under our instruction for the purposes of insurance administration, insurance mediation, underwriting, research or for statistical purposes.

We may process your information for a number of different purposes. For each purpose we must have a legal ground for such processing. When the information that we process is classed as 'special category data', we must have a specific additional legal ground for such processing.

Generally, we will rely on the following legal grounds:

- It is necessary for us to process your personal information to provide this policy and services related to it. We will rely on this for activities such as providing you with information about your quote, assessing your application, managing your policy and providing other services to you
- We have an appropriate business need to process your personal information and such business need does not cause harm to you. We will rely on this for activities such as maintaining our business records, developing, improving our products and services, and providing information about our products and services to you
- We have a legal or regulatory obligation to use such personal information
- We need to use such personal information to establish, exercise or defend our legal rights
- You have provided your consent to our use of your personal information, including special category data

### HOW WE SHARE YOUR INFORMATION

In order to sell, manage and provide our products and services, prevent fraud and comply with legal and regulatory requirements, we may need to share your information with the following types of third parties:

- Reinsurers, Regulators and Authorised/Statutory Bodies
- Fraud prevention agencies
- Crime prevention agencies, including the police
- Suppliers carrying out a service on our behalf
- Other insurers, business partners and agents
- Hive Insurance Services Limited

### MARKETING

We will not use your information or pass it on to any other person for the purposes of marketing further products or services to you unless you have consented to this.

### FRAUD PREVENTION AND DETECTION

In order to prevent or detect fraud and money laundering we may check your details with various fraud prevention agencies, who may record a search. Searches may also be made against other insurers' databases. If fraud is suspected, information will be shared with those insurers. Other users of the fraud prevention agencies may use this information in their own decision making processes.

### AUTOMATED DECISIONS

We may use automated tools with decision making to assess your application for insurance and for claims handling processes. If you object to an automated decision, we may not be able to offer you an insurance quotation.

### HOW TO CONTACT US

Please contact us if you have any questions about our privacy policy or the information we hold about you: Data Controller, Pulse Insurance Ltd, 6 Oxford Court, St James Road, Brackley, Northamptonshire, NN13 7XY.



Hive Insurance Services Limited (registered in England No 3179382) is authorised and regulated by the Financial Conduct Authority, registered number 308655.

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