

Sports Injury Plan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  | | | |
| **Address:** |  | | | |
| **Postcode:** |  | | | |
| **Telephone:** |  | | **Mobile:** |  |
| **Email:** |  | | **Sport:** |  |
| **Date of Birth:** |  | |
| **Consultants Recommendation accepted?** | | | Yes  No | |
| **Cover Level:** | |  | | |
| **Start Date:** | |  | | |
| **Monthly Premium:** | | **£** | | |

Declaration

I/we confirm that the information supplied by me/us in connection with this proposal is correct to my knowledge and belief. I/we note that I/we should keep a record of all information supplied for the purposes of this proposal and that a copy of such information will be supplied if requested by me.

|  |  |
| --- | --- |
| **Applicants Signature:** |  |
| **Date:** |  |

Notice Under the Data Protection Act 1998

I/we confirm and agree that information about me/us and this proposal may be retained on paper and computer by ProSport Insurance Services and used:

A) by ProSport Insurance Services and other businesses that provide insurance services relating to the proposal as may be necessary for the administration of my/our policy and dealing with claims. In dealing with claims under my/our policy it may be necessary for ProSport Insurance Services to obtain and use sensitive personal information about me/us.

B) To provide information about me/us to other insurers for the prevention of fraud and to other third parties for the purpose of administration of their policy or any claim. Details of such third parties and other insurers will be made available on request. I/we have been provided with details of the procedure to follow in the event of a complaint. Your contact information may be used to send you details about other products available from ProSport Insurance Services that might interest you. If you do not wish to receive this please tick this box

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