

Breast Assured

APPLICATION FORM

Insured Details

Name:

Address (for correspondence):

Postcode:

Telephone No.:

Email:

Date of Birth:

Surgeon/Consultants Details

Name:

Address:

Postcode:

Qualifications:

Hospital/Clinic:

Address:

Postcode:

Date of Surgery (if known):

Make of Implant:

Type of Implant:

Have you had any previous operations or required medical treatment which would affect Insurers decision to provide cover under this policy? If yes, please advise:

Schedule

Policy Type: Breast Assured **Insurer:** Templeton Insurance Limited, Isle of Man **Period of Insurance:** 60 hours from initial surgery for a period of 12 months **Limits of Indemnity:** £5,000 **Excess:** £250 each & every claim **Premium:** £500 **Exclusions & Conditions:** As per policy wording

Declaration

I being of sound body and mind, have read and understood the terms and conditions printed on the reverse side of this form and would like my Application for insurance to be submitted.

Signed:

Dated:

All enquiries will be dealt with in the strictest confidence. In view of the confidential nature of the insurance, please advise us on how you would like us to contact you and whether you require the documents to be sent to you in the post. We can hold them in our office and notify/confirm cover is in place by email if this would be more preferential to you.