

diamond disability equipment insurance and breakdown - application form

Please complete in **BLOCK CAPITALS** and return with your remittance or debit/credit card details.

Proposer Details
Title _____
Forename(s) _____
Surname _____
Address _____ _____ _____
Postcode _____
Contact telephone _____
Email _____

Equipment Details
Make _____
Model _____
Serial/Frame No. _____
Type of Equipment _____ <small>e.g. Stairlift, Chair etc.</small>
Year of Make _____
Value £ _____ <small>If the value exceeds £7,000 please refer to FISH INSURANCE</small>
Date of Purchase _____
Purchase Price £ _____
Is your product still within the manufacturer's warranty? YES <input type="checkbox"/> NO <input type="checkbox"/>

Cover Commencement Date
_____ / _____ / _____

Cover Details																					
Please refer to the Policy Summary and Premium Chart and select the level and period of cover you require.																					
Please tick boxes to indicate your requirements and insert the premium.																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%;">1 yr</th> <th style="width: 10%;">2 yr</th> <th style="width: 10%;">3 yr</th> <th style="width: 10%;">4 yr</th> <th style="width: 10%;">5 yr</th> <th style="width: 10%;">Premium</th> </tr> </thead> <tbody> <tr> <td>Diamond Insurance</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">£</td> </tr> <tr> <td>Diamond Breakdown</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;">£</td> </tr> </tbody> </table>		1 yr	2 yr	3 yr	4 yr	5 yr	Premium	Diamond Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£	Diamond Breakdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		£
	1 yr	2 yr	3 yr	4 yr	5 yr	Premium															
Diamond Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£															
Diamond Breakdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		£															

Payment Method																				
Cheque/Postal Order (payable to Fish Insurance) <input type="checkbox"/>																				
Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Switch <input type="checkbox"/> Issue No. <input type="text"/> <input type="text"/>																				
Debit/Credit Card Number																				
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Valid From <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Expiry <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>																				

Cardholders Name (as shown on the card) _____ _____
Cardholders Signature _____ _____

Declaration
Completion of this application implies that you give your explicit consent to receiving limited information. Full details will be provided when you receive your policy. I wish to be insured under the terms contained on the Certificate of Insurance. I understand that the Insurer has the right to decline the proposal or apply special terms and that where the proposal is completed by anyone other than the proposer, then the person completing the form is deemed to be my agent and not the agent of the Insurer.
Signature (Proposer or legal representative) _____ _____
Date _____

Data Protection Information about you, this application and any policy certificate issued may be retained by us on our computers and that information may be:	
a) Disclosed to and or recorded by other persons for the purpose of our business.	
b) Used to advise you by letter, telephone recorded message or otherwise of other financial service products offered by us and or companies in our corporate group, unless you indicate by ticking the following box that you do NOT wish to receive information about other services or products.	<input type="checkbox"/>

Dealer Code	
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