

Policy Reinstatement Request Form

Underwritten by SiriusPoint International Insurance Corporation



Policy Certificate or ID Numbers

Coverage Start Date (DD-MM-YYYY)

Coverage End Date (DD-MM-YYYY)

Policyholder:

Date of birth (DD-MM-YYYY)

- ☐ I confirm that I would like to reinstate the policy detailed above.
- ☐ I confirm that none of the insured persons named under the above policy have:
- seen a doctor or specialist
 - taken medication
 - had any symptoms, whether investigated or not
 - received any treatment or has any pending treatment

Since the policy was cancelled on:

Date of Cancellation (DD-MM-YYYY)

NOTE: By treatment we mean surgical or medical intervention including drugs prescribed by a doctor, that are needed to diagnose, relieve or cure a disease, illness or injury. A specialist is any doctor, including psychiatrist who is not your medical practitioner.

I understand that any claims relating to conditions incurred since cancellation and before reinstatement may be declined as per General Condition, Cancellation & Fraud in the policy wording and that IMG may, at any time, cancel this policy if any insured person has misled us by misstatement. In these circumstances the contract will be considered void ab initio and no premium will be refunded.

Confirmation

Policyholder signature

Signing this Application does not bind you to enter into this insurance.

Please PRINT name in full

Date (DD-MM-YYYY)

Dependent signature

Signing this Application does not bind you to enter into this insurance.

Please PRINT name in full

Date (DD-MM-YYYY)

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