SUTTON
SPECIAL RISK

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Sports Health Declaration Form

ALL QUESTIONS MUST BE EITHER COMPELTED ELECTRONICALLY OR IN INK.

All questions must be answered with a check mark in one of the boxes provided, and details given where applicable.

In the event that any question has not been answered satisfactorily, the Underwriters reserve the right to either, return the renewal proposal to the proposer for the answers to be completed, or impose any restrictions, or pre-existing conditions exclusion on the coverage until such time as the renewal proposal has been satisfactorily completed.

NAME:	DATE OF BIRTH: MM / DD / YYY
ADDRESS:	

1. Are you currently free of injury? YES ❑ NO ❑	If NO, please give details.
2. Since your last completed HDF/Application, have you missed more than 3 consecutive days or 1 week in total of training or practice/playing time due to injury or illness? YES ❑ NO ❑	If YES, please give dates, reason(s) and total time missed.
3. Since your last completed HDF/Application, have you consulted a doctor for any illnesses or injuries? (Other than pre/post season or annual exams) YES ❑ NO ❑	If YES, please give dates, details and doctor's name.
4. Since your last completed HDF/Application, have you suffered a concussion which caused you to miss playing or practice time? YES ❑ NO ❑	If YES, please give dates and details
5. Have you any reason to believe that you may need to undergo a surgical operation in the future? YES ❑ NO ❑	If YES, please give details.

I hereby warrant that the answers given are complete, true and have been correctly recorded and I have not withheld any information which is calculated to influence the decision of the Underwriters.

The Underwriters do not bind themselves to accept renewal and reserve the right to request further information, or impose specific exclusions as a result of information disclosed herein.

AUTHORIZATION:

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, or other organization, institution or person, that has any knowledge of records of me or my health, to give Sutton Special Risk Inc. and/or certain Underwriters at Lloyd's, London, any such information. A photographic copy of this authorization shall be as valid as the original.

Signature of Player

Date