

DATA PROTECTION CONSENT FORM***Your personal information***

We, Lloyd's Insurance Company S.A. (hereafter referred to as "Lloyd's Europe") and other insurance market participants, acting on behalf of Lloyd's Europe, request your consent to use the special categories of personal data details about you set out below in connection with the insurance cover, including claims management.

If you wish to know how we use your information or see a copy of our full Privacy policy, please contact us LloydsEurope.DataProtection@lloyds.com or go to the Privacy policy at website <https://www.lloydseurope.com> where we have full details.

Do you consent to the use of data and information about your health or genetic data, in connection with your insurance cover, including claims management?

Yes ___ / No ___

Signature _____

Date _____

Name and Surname _____

Policy number (To be included Coverholder or managing agent) _____