

PROPOSAL FOR PERSONAL ACCIDENT INSURANCE

AGENT:	POLICY NO.
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FULL NAME

FULL ADDRESS:

TELEPHONE No.

PROFESSION BUSINESS OR OCCUPATION.....

AGE..... **HEIGHT**.....**WEIGHT**.....

PERIOD OF INSURANCE:	From:	To:
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The Insurance Act: You are to disclose on this proposal form, fully and faithfully all the facts, which you know or ought to know otherwise, the Policy issued hereunder may be void.

Do you superintend manual Labour?

Yes No

Do you work manually?

Yes No

1. Have ever been declined or given special terms in respect of Life or Accident Insurance?

Yes No

2. Have ever made a claim in respect of Accidental bodily injury against any Insurer?

Yes No

If so, please give particulars

3. Have any physical defect or infirmity of any description

Yes No

4. Are you at present insured against accident?

Yes No

If so, state name of the Company and amount

5. Do you suffer or have or have you ever suffered from fits of any kind or from any nervous or recurring disease?

Yes No

6. Have you ever-sustained serious bodily injury by accident?

Yes No

If so please give details and also whether you have recovered fully

7. Are there any circumstances connected with your occupation, health or habits of life, which render you particularly liable to injury?

Yes No

If so, please give full particulars

8. Cover Required:- For what amount do you wish to insure:	Amount	For office use only
A. Death B. Permanent Disablement C. Temporary Disablement (weekly benefit) D. Medical Expenses	Kshs _____. Kshs _____. Kshs _____ (per week) Kshs _____.	Class Premium:-

9. Do you wish to insure against accidents resulting from motorcycling, or riot and strike?

Yes No

If so, please state the additional premium for these risks is quoted overleaf.

10. Do your average weekly earnings exceed the amount of any weekly compensation desired?

11. Please give the full name and relationship of the beneficiary to whom payment should be made in the event of death

Declaration:

I hereby DECLARE that I am in good health and that I have not been declined or accepted on special terms for Personal Accident or Life Insurance

I warrant that the above statements and particulars are true and complete and I hereby agree that this Proposal shall be the basis of the Contract between the GA INSURANCE LIMITED and me and I am willing to accept a Policy subject to the terms, exceptions and conditions prescribed by the Company therein and to pay the Premiums thereon.

Date. _____ **Signature of Proponent** _____

NOTE:

- (i) When filling in this Form, please see that all the questions are fully answered.
- (ii) This insurance will not be in force until the Company has accepted the Proposal.