

Group Personal Accident Insurance Proposal Form

(complete in block letters as applicable)

Full name of proposer

Address of proposer

Description of business

Telephone Website address E-mail

Date of incorporation

The insurance to cover:

Accidents occurring at any time

Accident of employment only

Benefits required

(complete schedule 1 or 2)

Schedule 1 (if insurance is required on a named persons basis) send attachment if essential

Names of persons to be insured

Description of occupation

Benefits(enter the fixed amounts required)

Death permanent disablement

Temporary total disablement(weekly)

Medical expenses

Schedule 2 (if insurance is required on a unnamed persons basis).

Send attachment if essential

Classes of persons to be insured estimated number

Estimated gross annual wages/salaries

Benefits

Enter either the fixed amounts required or
The multiple of wages/salaries required

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Enter either the fixed amounts required

Death

Permanent disablement

Temporary total disablement(weekly)

Medical expenses

The highest salary per person likely to be paid

Group travel
Possible number

Total of the accumulated benefits likely to be involved (death or permanent disablement)

Reservations

Declaration:

I agree that the foregoing information are provided having fully subscribed to the standard terms, conditions, clauses, exclusions and warranties of the insurance and that this proposal shall be the basis of a contract of insurance.

yes no

Date.....

Signature of proposer.....

The insurance will not commence until the proposal has been accepted in writing/e-mail and the premium paid. A copy of the policy wording is available for download on request.