



**SPECIAL ACCIDENT PERSONAL COVER  
PROPOSAL FORM**

1	NAME OF APPLICANT:
2	COMPANY NAME (IF APPLICABLE):
3	ADDRESS:
4	DETAILS OF APPLICANT'S OCCUPATION(S) (STATE ALL):
5	PLEASE GIVE DETAILS OF ANY KIDNAP OR EXTORTION ATTEMPTS AGAINST THE APPLICANT (STATE ALL): <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span>
6	DOES THE APPLICANT ALREADY HAVE INSURANCE FOR KIDNAPPING OR EXTORTION? IF YES, PLEASE GIVE DETAILS OF LIMITS AND THE NAME OF THE COMPANY. <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span>
7	NAMES, AGES AND OCCUPATIONS OF PERSONS TO BE INSURED (PLEASE USE THE REVERSE OF THIS SHEET)
8	DO ALL THE PERSONS TO BE INSURED LIVE AT THE ADDRESS OF THE ASSURED? IF NOT, WHERE DO THEY LIVE?
9	DETAILS OF ANTICIPATED TRAVEL OUTSIDE COUNTRY OF RESIDENCE: <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span>
10	ARE ANY OF THE PERSONS TO BE INSURED EXPOSED TO KIDNAPPING OR EXTORTION BY ANY REASON OF THEIR PURSUITS, BUSINESS ACTIVITIES OR ANY OTHER REASON? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span>
11	WHAT IS THE ESTIMATED NET WORTH/ASSETS OF THE APPLICANT?
12	LEVEL OF COVER REQUIRED. PLEASE OBTAIN QUOTATIONS FOR:
<b>DECLARATION:</b>  I have read the above and declare that to the best of my knowledge and belief the statements are true and complete and that I have not knowingly withheld any information which is material to Underwriters in their acceptance or assessment of the risk.  Signing this form does not bind the Applicant to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy or certificate of insurance be issued.	
<b>NAME</b>	<b>SIGNATURE</b>
<b>DATE</b>	



SPECIAL ACCIDENT PERSONAL COVER

PERSONS TO BE INSURED

NUMBER	NAME	AGE	OCCUPATION
1			
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