



GROUP PERSONAL ACCIDENT INSURANCE PROPOSAL

Please provide as much information as possible in filling out this form, since the better we understand your business the more accurately we can represent what you do and how you do it to underwriters. The more detail we have the better able we are to assess your risk and the less questions we will have to bother you with.

Please feel free to attach any documents, maps, pictures or additional information that will assist us.

Please take care when completing this form since any misstatement or inaccuracy on this proposal form may result in insurance being cancelled and claims being declined in future

GENERAL INFORMATION

Full name and address of company (Please include country of registration)				Contact Name
				Contact Email
				Contact Telephone
Total Number of Employees (Note - If less than 10 we may need names and medical details)				
	Number of Persons	Occupations (If multiple please specify number per occupation)		
Expatriate				
Third Country National				
Local National				
Other (please specify)				
Salary Range (in USD per month)				
	Max	Min		
Expatriate				
Third Country National				
Local National				
Other (please specify)				
BENEFITS REQUIRED				
ACCIDENTAL DEATH	Number of Persons	Benefit Required (e.g USD150,000)		
Expatriate				
Third Country National				
Local National				
Other (please specify)				
PERMANENT DISABLEMENT	Number of Persons	Benefit Required (e.g USD150,000)	INCLUDE SICKNESS (y/n)	
Expatriate				
Third Country National				
Local National				
Other (please specify)				
TEMPORARY DISABLEMENT	Number of Persons	Benefit Required (Standard 75% of Gross Weekly Wage)	INCLUDE SICKNESS (y/n)	
Expatriate				
Third Country National				
Local National				
Other (please specify)				
EMERGENCY MEDICAL EXPENSES	Number of Persons	Benefit Required (e.g USD150,000)		
Expatriate				
Third Country National				
Local National				
Other (please specify)				

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ADDITIONAL INFORMATION

In which country are you based, and in what location(s)?
How do your employees travel there?
When there, how do you travel and are your employees guarded?
Are employees armed? If so what with?
What type of accommodation will they be staying in?
Where will they be working and what is the nature of their work?
How long will they be spending there?
Previous claims/loss history?
What are the occupations of the persons to be insured, what duties will they be carrying out?

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to void the insurance.

(A material fact is one likely to influence acceptance or assessment of this Proposal by Underwriters. If you are in any doubt as to what constitutes a material fact you should consult us).

I understand that the signing of this proposal does not bind me to complete or Underwriters to accept this Insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis and be incorporated into the contract.

Signed (Client):		Date:	
Full Name:		Position:	

This is a preliminary questionnaire and there may be further questions required.

