**MAX PAC PROPOSAL FORM**

1. **PROPOSER DETAILS**

**FOR INDIVIDUAL APPLICATIONS (INSURED PERSON)**

1. Name: ………………………………………………………………………………………………….........
2. Date of Birth: ………………………………………………………………………………………………..
3. Passport/ ID Number: ……………………………………………………………………………………...

**(Please attach copy of ID/Passport)**

1. Nationality: ………………………………………………………………………………………………….
2. Physical Address: ………………………………………………………………………………….............
3. Telephone Number (s): .………………………………………………………………............................
4. Email Address: …………………………………………….………………………………….....................
5. Trade / Occupation: ………………………………………………………………………………………
6. Physical address of Trade/ Occupation: ………………………………………………………………
7. Source of income: …………………………………………………………………………………………
8. Postal Code……………………………………… Pin……………………………………………………..

12. Next of Kin: Name (s)…………………………………………….. Relationship……………………………

13. Period of Insurance: From………………………………………..To…………………………………………

14. Have you previously held a Personal Accident Policy? Yes No

If yes, name insurer ………………………………………………………………………………………………….

15. Are you free from physical disability or mental illness to the best of your knowledge?

Yes No

If No, please give details……………………………………………………………………………………………

16. Give details of all accidents which you have sustained during the last five (5) years

…………………………………………………………………………………………………………………………

17. Are you engaged in any of the excluded activities / occupations mentioned below?

Yes No

1. Manufacture of fireworks or explosives 2. Sinking of air, water, or gas wells 3. Construction and maintenance of dam 4. Airline crew & ship or boat crew 5. Racing, Rallies and speed testing

6. Naval, military, police or Air force operations 7. Professional sports 8. Diving 9. Mining

If yes, would you like an extension of cover (at 25% of the basic premium) while engaged in these activities? Yes No

18. Cover selected A B C D E F G

**19. Declaration**

I warrant that above statements made by me or on my behalf are true and complete to my knowledge and belief and I agree that this propose shall be the basis of the contract between me and the company. I also declare that no insurer has ever declined, terminated my insurance, increased my insurance premium or imposed special terms.

I agree to accept a policy in the company’s usual form for this class of insurance

Signature……………………………… Signed by……………………………….. Date……………………

Agency………………………………………………………………………………….