PERSONAL ACCIDENT (INTERNSHIP)

Proposal Form

Title _____ Surname_____

First Name_____ Middle name_____

Date of Birth__/__/__

Occupation_____

P.O.Box_____Code_____

Email_____

Mobile Number_____ Passport/ID No._____

Next of Kin_____

Relationship_____

Period of Insurance from:_____ to:_____

Has any Insurer declined or imposed special terms for life or accident or illness policy or declined to renew or cancelled the policy?

If yes give reasons

Are you engaged in any of the excluded activities/ occupations mentioned below? (Tick for Yes)

a) Hunting ☐

b) Steele Chasing ☐

c) Sinking of air, water or gas wells ☐

d) Construction and maintenance of dams ☐

e) Airline crew & ship or boat crew ☐

e) Racing, rallies and speed testing ☐

f) Naval, military, police or air force operations ☐

g) Professional sports ☐

Declaration

I warrant that the above statements made by me on my behalf are true and complete to the best of my knowledge and belief and I agree that this proposal shall be the basis of the contract between me and the company. I also declare that no insurer has ever declined, refused to renew, terminated by 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: _____

PERSONAL ACCIDENT (INTERNSHIP)

INTERNSHIP COVER

BENEFITS	A	B	C	D
Accidental death	200,000	250,000	300,000	350,000
Accidental disablement (PTD) Artificial appliance sub limit - Kshs 30,000	200,000	250,000	300,000	350,000
Accidental medical	20,000	25,000	30,000	35,000
Annual premium **Semi annual premium**	**900** **500**	**1,100** **600**	**1,400** **700**	**1,600** **800**

Subject to:
Age limit - 15 - 25 years
Excluding motorcycling of over 250cc
Excluding mountaineering
Disappearance Clause
Exposure clause
Professional sports extension - load at 25% of annual premium