



GROUP PERSONAL ACCIDENT PROPOSAL FORM

1. FULL NAME OF PROPOSER:

ADDRESS:

OCCUPATION/BUSINESS: TELEPHONE NO.:

..... FAX:

2. A) Employees/members to be insured (categories wise)

Occupation of Employees/category	Number of Employees	Limit of Insurance required

3. Please attach a list of insured members with all details: Name, Age, Gender, Nationality, Position and Salary.

4. Total Number of individuals to be insured

5. Total Sum Insured of all members to be insured

6. Period of Cover/insurance required (If not Annual please advise the period)

7. Do your employees engage in any other type of hazardous activities? If so, give details.

8. Do they have or have they ever had accident insurance, if so where? If yes give Company and sum assured?

9. Has any insurer ever
- (a) decline or required special terms to insure you?
 - (b) cancelled or refused to continue your insurance?
 - (c) increases your premium on renewal?
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1. State the amount of benefit required for:-
- | | |
|----------------------------|----------|
| Death | GH¢..... |
| Permanent Disablement | GH¢..... |
| Temporal Total Disablement | GH¢..... |
| Medical Expenses | GH¢..... |
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11. I/We warrant that the above statements and particulars are true and I/We hereby agree that this Declaration shall be held to be a promissory and of continuing effect and shall form the basis of and be deemed to be incorporate in the Contract between me/us and **BEST ASSURANCE COMPANY LTD** and I/We are willing to accept a Policy subject to the Terms prescribed by the company.

Date: **Signature of Proposer:**

Agent: **No.**