



MAYFAIR INSURANCE COMPANY ZAMBIA LIMITED
PROPOSAL FOR PERSONAL ACCIDENT INSURANCE

1. Name of Proposer in full
2. Postal Address
3. Date of Birth.....Height.....cm Weight.....kg
4. Profession/Occupation/Business/Trade.....

5. (a) State whether an employer or employee
(b) If an employee, are you in an executive or managerial grade?
(c) Do you engage in manual work or use power driven machinery?
(d) State average monthly mileage in motor vehicles.
(e) State sporting or other leisure activities.....

6. Do you suffer from any physical defect, infirmity or ill health of any description?.....

7. (a) Have you suffered from or been disabled by any injury disease or sickness for a longer period than 14 days during the last five years? Yes No If "Yes", give the following particulars:-

Table with 3 columns: Nature, Date, Duration

(b) Have you received medical advice or treatment during the past 12 months? Yes No

If "Yes" give full particulars .....

8. Have you ever (concerning Life Assurance or Accident and/or Sickness Insurance) had a Proposal or renewal declined or have special terms been applied? Yes No

If "Yes", gives reasons.....

9. Benefits required:
Death K.....
Permanent Disability K.....
Temporary Total Disability K.....per week
Medical Expenses K.....

12. Date of Commencement of Insurance.....

I hereby declare that the above statements and particulars are full and true, that my habits are and always have been strictly sober and temperate. I do not engage in any dangerous or hazardous activities and have not suppressed, misrepresented or misstated any material fact. I agree that this Proposal and declaration shall be held to be promissory and shall be the basis of the contract between me and the Corporation and I am willing to accept a Policy subject to the terms, exceptions and conditions set out therein by the Corporation.

Date..... Name and Signature of Proposer.....

BROKER/AGENT.....



## **MAYFAIR INSURANCE COMPANY ZAMBIA LIMITED PROPOSAL FOR PERSONAL ACCIDENT INSURANCE**

### **IMPORTANT NOTES**

<b>Weekly benefit</b>	Benefit 3 (Accident) is payable up to a maximum of 104 weeks. No benefit is payable in respect of the first 7 days of any injury.
<b>Medical Expenses</b>	May only be insured in conjunction with Benefits 1-3
<b>Age Limits at Entry</b>	16-62years