



"An insurance Agent who assists an Applicant to complete an Application or Proposal Form for Insurance shall be deemed to have done so as the Agent of the Applicant"

PROPOSAL FORM FOR PERSONAL ACCIDENT INSURANCE

Name of Proposer (in full).....
 Full Address..... P. O. Box No.....
 Occupation..... Mobile..... Office Tel No.....

1. Are you engaged in any hazardous pastimes or sport? If so please state	
2. Are you expecting to be engaged in air transit other than a fare paying passenger?	
3. Do you have similar policy with other insurance Company? If so give details.	
4. Have you ever claimed upon any Insurer for the contingency now to be insured? If so, state when you did so and give the name of the insurer and the amount of the loss.	Amount of loss ₦.....
5. Is the insurance required outside the limits of Nigeria? If so, state: (a) countries in which cover is required. (b) to what extent you intend to travel during the next twelve months.	(a) (b)

SCALE OF BENEFITS REQUIRED Please state hereunder the level of benefits you require	AMOUNT	Period of Insurance from
Death Benefit: Permanent Disability: Medical Expenses:	 to First Premium ₦ Annual Premium ₦

I/We, the undersigned, hereby declare that all the above statements and particulars, which I/We have read over and checked, are true and I/We agree that this declaration shall be the basis of the contract between me/us and HEIRS INSURANCE COMPANY LIMITED whose policy, subject to the terms and conditions thereof, I/We am/are willing to accept and I/We undertake to pay the premium when called upon to do so.

Signature of Proposer..... Date.....

AGENT/BRANCH

NO LIABILITY is undertaken by the Company until the proposal has been accepted and the official cover note or the Policy is issued.
N.B. No receipts for premium will be recognized as valid except those printed and issued by the Company