



ZENITH GENERAL INSURANCE COMPANY LIMITED

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PROPOSAL FOR GROUP PERSONAL ACCIDENT INSURANCE

Group Personal Accident Policies enables the professions and business or industrial concerns to insure against the financial consequences of the death or disablement of partners, directors and employees cause by accident.

This cover can also be arranged for other bodies and associations to cover members, voluntary workers and others while engaged in association activities or duties. It can be 'tailor made' to suit the Proposer's requirements,

Cover can be arranged on a '24-Hours' basis to apply to all accidents, whether at work or at home, while traveling or during recreation or i to apply only to accidents in particular circumstances, e.g., Occupational Accidents Only.

Benefits

- A. Death (within 12 months of an accident)
- B. Permanent Disablement (within 12 months of an accident)
- C. Temporary Disablement (up to 104 weeks)
- D. Medical, Surgical and Hospital Expenses resulting from the accident (reimbursement up to an agreed limit).

The benefits may be in the form of fixed sums according to the insured person's position or multiples or proportions of the insured person's annual earnings.

Special notes

- ✗ Air Travel means mounting into, travelling in or dismounting from any fully licensed passenger-carrying aircraft as a passenger but not as a member of the crew nor for the purpose of engaging in any trade or technical operation therein
- ✗ Wood-working Machinery does not include portable tools applied by hand and used solely for private purposes without reward.
- ✗ Weekly benefit is payable at intervals to suit the Insured.
- ✗ Payment is made under only one of the Death and permanent disablement benefits.

CLASSIFICATION OF OCCUPATIONS

CLASS I

Professional, Administrative and Clerical classes generally e.g., Accountants Architects, Clerks, Dentists, Doctor, Solicitors.

CLASS II

Occupations of a superintending nature or which may involve occasional light manual work, e.g., Bakers, Surveyors, Tradesmen or Shopkeepers not using tools or machinery, Commercial Travelers.

CLASS III

Occupation involving light manual work or the use of tools or light machinery Other than woodworking machinery)e.g. Butchers, Dairy, Veterinary Surgeons, Printers, Motor Mechanics, Engineers, Builders.

Note:-

Proposers and/or employees using woodworking or heavy machinery or in occupation involving work of a heavy manual or hazardous nature are outside these Classes. Proposal will be considered on receipt of full particulars.

Name of Proposer in full:

Address.....

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Business.....

To be completed only if insurance is required for fixed sum benefits

Benefits - state amounts to be insured under each heading

s/no	Names / categories of persons to be insured (Mr/Mrs/Miss/others)	Age	Occupation	Death	Burial Expenses	Permanent Total Disablement	Temporary Total Disablement (per week)	Medical Expenses Limit	Repatriation Expenses

To be completed only if insurance is required for multiples or proportions of annual earnings

Benefits -state multiple or proportion of annual earnings to be insured under each heading

s/no	Description of categories / occupations of persons to be insured	Estimated Number of Persons	Estimated Total Annual Earnings	Death	Burial Expenses	Permanent Total Disablement	Temporary Total Disablement (per week)	Medical Expenses Limit	Repatriation Expenses

What is the maximum salary to be payable to anyone person?

Is every person to be insured in good health and free from physical and mental defect or infirmity to the best of proposer's knowledge and belief? YES .NO

If not, give details

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Will any of the persons to be insured travel to a considerable extent by air or by motor car in the course of his or her duties? YES .NO

If so, give details:

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Will any of the persons to be insured use machinery? Yes NO

If so, give details:

Give particulars of all accidents which have occurred during the last five years involving any person engaged in the occupation for which the insurance is required

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Has Proposer previously held a Group Accident policy?

If so, give name of Insurer, branch address and policy number

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Has any insurer in connection with Accident, Sickness or Life insurance in respect of any person to be insured ever to the Proposer's knowledge

(A) Deferred or declined a proposal, refused renewal or terminated an insurance?.....

(B) Required an increased premium or imposed special conditions?

If so, give details:

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Declaration:

I/We hereby warrant and declare the truth of all the above statements and that I/We have not withheld any information, and I/We hereby agree to give notice to the under mentioned company of any variation in the profession, occupation or health of any of the persons to be insured immediately such information shall come to my/our knowledge. I/We further agree that this Declaration shall be the basis of the contract between me/us and **ZENITH GENERAL INSURANCE COMPANY LIMITED** and to accept a policy subject to the terms, exceptions and conditions prescribed by the company

Signature.....

Date