



## PERSONAL ACCIDENT INSURANCE APPLICATION

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (DDMMYYYY)

Policy Sum Insured\*: USD \_\_\_\_\_ (min USD 100,000 min / 2,000,000 max)

\* Attach income justification for values over USD 500,000

Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: (c) \_\_\_\_\_ (o) \_\_\_\_\_ (h) \_\_\_\_\_

Email: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Occupation/ Job Title: \_\_\_\_\_

Travel destinations: \_\_\_\_\_

Do you have any physical defect or infirmity? \_\_\_\_\_

Do you suffer from any chronic illness? \_\_\_\_\_

Do you engage in any hazardous activities that could expose you to injury? ☐ No ☐ Yes

If Yes, explain: \_\_\_\_\_

Do you have life insurance? ☐ No ☐ Yes

If Yes: Carrier: \_\_\_\_\_ Sum Insured: USD \_\_\_\_\_

Have you ever been declined for life insurance? ☐ No ☐ Yes

Are you or have you ever been the subject of any threat, attack or any other incident that would increase the probability of loss under this policy? ☐ No ☐ Yes

If Yes, explain: \_\_\_\_\_

Beneficiary Information: *(add additional Beneficiaries as needed in a separate page)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ % of Benefit: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ % of Benefit: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ % of Benefit: \_\_\_\_\_

Contingent:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ % of Benefit: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ % of Benefit: \_\_\_\_\_

I declare that the information provided in this application and any attachments to the same are complete and true. Coverage will be effective after Underwriters' approval and receipt of premium. I accept that if I have answered any questions falsely or concealed any material information, a policy issued based on such information can be voided. I also accept that I am responsible for notifying the Company of any changes to the information detailed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date