

## PERSONAL ACCIDENTS INSURANCE PROPOSAL FORM

<b>Details of applicant</b>	
First name	:
Father's name	:
Family name	:
Gender	: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth (dd/mm/yyyy)	: / / Nationality(ies):
Marital status	: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>
Full address of applicant	:
Telephone number(s)	: <i>fixed</i> <span style="float: right;"><i>Mobile</i></span>
Occupation (please give full details including job title, employer's name and exact duties):	Class of risk (reserved to the company)

<b>Details of cover required and Sums Insured</b>	
Currency	: Lebanese Pounds <input type="checkbox"/> US Dollars <input type="checkbox"/>
Accidental Death	:
Accidental Disabilities	Yes <input type="checkbox"/> No <input type="checkbox"/> : a % of <span style="float: right;">as per Scale of Disability</span>
Weekly Benefits	Yes <input type="checkbox"/> No <input type="checkbox"/> : <span style="float: right;">excluding the first week(s)</span>
Medical Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/> : <span style="float: right;">(should not exceed 7.50% of Death S.I.)</span>
Passive War Risks	Yes <input type="checkbox"/> No <input type="checkbox"/> :

<b>Beneficiary designation :</b>
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<b>Questionnaire</b>		
Height (cm)	:	Yes
Weight (kgs)	:	No
Are you left handed?		
1 - Does your occupation involve manual work?		
2 - Do you participate in any hazardous activities?		
3 - Do you fly other than as a fare-paying passenger on regular airlines?		
4 - Are you currently under medical treatment of any kind (prescription and/or non-prescription drugs, physiotherapy etc.) or are you on any special diet?		
5 - What other Life/PA covers do you currently own? (State sum insured and Insurer)		
6 - Has any of your proposal for Life, PA or Health been declined/accepted on special terms?		
7 - Have you any physical defect or infirmity, or any defect of your sight or hearing?		
8 - Do you actually or intend to or anticipate that you might:		
a) travel extensively or reside outside Lebanon?		
b) ride motorcycles or scooters?		
9 - Have you ever suffered from any serious illness, disease, accident or injury?		
10 - Have you ever been treated for alcoholic or drug habits?		

<b>Please use the space below for details on any questions answered <u>Yes</u> above</b>

**Declaration**  
 I declare that above questions are true to the best of my knowledge and belief, that I have disclosed all particulars affecting the assessment of the risk. I agree that this proposal and declaration shall be the basis of the contract between me and Assurex sal, in accordance with the Lebanese Code of Obligations and Contracts, Article 974, Paragraph 2.

**Signature:** **Dated (dd/mm/yyyy):**