



INTERNATIONAL INSURANCE COMPANY (SL) LTD.

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PROPOSAL FOR GROUP PERSONAL ACCIDENT INSURANCE

Employers wishing to make provisions in the event of accidental injury happening to employees are offered a choice of schemes such as under noted during continuous total disablement:-

- (1) FULL Weekly Remuneration
- (2) HALF Weekly Remuneration (or some other proportion as agreed)
- (3) A fixed sum benefit

Compensation is payable up to 52 weeks from the happening of the injury.

In addition to the foregoing, compensation may be included in respect of death and permanent disablement based on a sum equal to one or more years' remuneration or fixed amount. Medical expenses can also be insured in agreed cases.

Name of Employer.....
(BLOCK LETTERS)

Address.....

Telephone Number(s).....

Business or Trade.....

1. Are all employees to be insured, to the best of your knowledge and belief, in sound physical and mental health and free from any physical defect and infirmity? If not, give full details in each case.

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2. Are you now or have you ever been insured for these risks? If so, with which Company?

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3. Are all the employees to be insured between 16 and 60 years of Age? If not, please give details

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I/We declare to effect with the Company an insurance in the terms of the Policy used for this class of business. I/We warrant that the above statements and particulars are correct and complete and I/We warrant that I/We have an interest in the life or lives of the person(s) to be insured to the extent of the amount (s) stated. I/We agree that this Proposal and any other written statement made by me/us or on my/our behalf for the purposes of the proposed insurance shall be the basis of the contract between me/us and the company.

Date..... Signature.....

This Insurance will not be in force until the Proposal has been accepted by the company.

Subject thereto this insurance is to commence on.....

And is to be renewable on.....

TABLE OF COMPENSATION

Section (i)	Compensation (ii)	Reference (iii)
1. Death	One year's remuneration Two year's remuneration Three year's remuneration Fixed sum	1 A 1 B 1 C * 1 D (.....)
1. Loss of sight in both eyes or Loss of two hands or two Feet or one hand and one Foot or loss of sight in one Eye or loss of one hand or Foot (for loss of sight of one eye or loss of one hand or foot, compensation is automatically included for one half of the amounts selected under this section).	One year's remuneration Two year's remuneration Three year's remuneration Fixed sum	2 A 2 B 2 C * 2 D (.....)
2. Other permanent Disablement (See scale Overleaf)	One year's remuneration Two year's remuneration Three year's remuneration Fixed sum	3 A 3 B 3 C * 3 D (.....)
3. Weekly Compensation for Temporary Total Disablement (up to 52 weeks)	Full weekly remuneration Two thirds' weekly remuneration Half weekly remuneration Fixed amount	4 A 4 B 4 C + 4 D (.....)
5. Medical Expenses	Optional limits any one accident From Le5,000.00 (minimum) to Le30,000.00 (maximum per employees)	* 5 A (.....)

- Insert amount for which cover is required. If different fixed amounts are required for different Employees a list should be attached.

Cover can be arranged for other multiples of the annual remuneration if required.

NOTE: (a) Section 3 may not be insured for more than Section 2.

(a) Section 5 may not be insured without Section 4.

Premium will be quoted on application

STANDARD EXCLUSIONS

War and Kindred risks, suicide, self-injury, any pre-existing Physical defect or infirmity, pregnancy or childbirth, ice hockey, pole hunting mountaineering, winter sports, racing of any kind other than on foot or unless specially agreed, motor cycling (whether as driver or passenger) or football. Policies permit travel as a passenger in any licensed passenger-carrying aircraft unless travelling as a member of the crew or for any trade or technical operation therein or thereon.

