

PROPOSAL FORM FOR GROUP PERSONAL ACCIDENT INSURANCE

IMPORTANT NOTES

Filling and signing this application form does not automatically result in a contract. Insurance becomes in force once United Insurance Company has agreed to bind cover.

Insurers, their agents, brokers and insurance associations may share information to prevent fraudulent claims and for underwriting purposes.

All questions must be answered fully. Ticks and dashes are not sufficient.

Please answer every question fully.

1. Name of Proposer(s):
2. Address:
3. Telephone No:
4. E-mail address:
5. Website:
6. What is the usual business of the Proposer(s):
7. How long engaged therein?

SCALE OF COMPENSATION	COMPENSATION PAYABLE
1. Death	AED
2. Loss of sight of both eyes or loss of two or more limbs or loss of sight of one eye and one limb	AED
3. Loss of sight of one eye or loss of one limb	AED
4. Permanent partial disablement (other than by loss of sight or limb)	AED <i>(According to the Permanent Disability Scale)</i>

5. Temporary total disablement	AED <i>(per week during disablement)</i>
6. Temporary partial disablement	AED <i>(per week during disablement)</i>
7. Reasonable medical, surgical, hospital, nursing fees or charges necessarily incurred following bodily injury to an insured person	AED <i>(any one insured person in respect of any one event)</i>

OPTIMAL EXTENSIONS	SUM INSURED
1. Personal baggage	AED
2. Money	AED

INFORMATION TO BE PROVIDED BY PROPOSER

1. Are all the employees to be insured to the best of your knowledge and belief in sound physical and mental health and free from any physical defect or infirmity? If not give particulars:

2. Are all employees to be insured between the ages of 16 and 70 years? If not give particulars:

3. Do you require cover on an occupational accidents only or on a 24 hour cover?

4. Are you now or have you ever been insured for these risks? If so give particulars.

5. What is the estimated total annual waggeroll of all your employees?

- a. Directors, Managerial and Clerical Staff AED _____
b. All other employees AED _____
c. Special classes of occupation (i.e. hazardous classes) AED _____

6. Would you like cover to be extended outside UAE? If so state reasons:

7. Do you intend to take up a seven days excess in respect of compensation payable under item No. 5 – Temporary Total Disablement and item No. 6 – Temporary partial Disablement and thus benefit from a reduction in premium?

8. Has any person to be insured sustained any accidents during the past five years? If so give particulars:

9. If Personal Baggage and Money extensions are taken up please state the number of people who are likely to travel regularly, the number of trips each year, duration and normal destinations.

10. How many persons to be insured are likely to travel in any one conveyance at the same time?

DECLARATION

I/We hereby declare that the above information and statements are, to the best of my/our knowledge and belief, correct and complete.

I/We agree that this proposal shall be the basis of the contract between me/us and UNITED INSURANCE COMPANY PSC and I/We agree to accept the Company's standard form of Policy for the class of Insurance.

If the answers to all or any of the above questions have been written by others at my/our dictation or instruction I/We confirm that I/we have read those answers and that they are correct.

Signature_____

Date_____

Name in block letters_____

The insurance will not be in force until the proposal has been accepted by United Insurance Company and the premium paid.

IMPORTANT NOTE

Any other facts known to you which are likely to affect acceptance or assessment of the risk proposed for insurance must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to tell us as your insurance adviser. This is for your own protection, as failure to disclose may mean that your policy will not provide you with the cover you require, or may perhaps invalidate the policy altogether.