



DONWELL
 INSURANCE COMPANY LIMITED
 "If it must be done, it must be Donewell"

PROPOSAL FOR GROUP PERSONAL ACCIDENT INSURANCE

FULL NAME OF PROPOSER

ADDRESS TELEPHONE

OCCUPATION

1. Total number of members or employees

2. State if members engage in clerical duties only

3. State if members engage in working with machinery, scaffolding asbestos, chemicals

4. State if members engage in working in a condition of chemical vapour or gaseous fumes or form of substance
 suspended in air. If so state in full

5. State if nature of occupation involves traveling

6. Does any member in your knowledge suffer from impairment of sight or hearing or disease of the eye or ear?
 If so state in full

7. Does any member have any physical defect or infirmity? If so state in full

8. Are all members to be insured in your direct employment

9. State estimated total annual salary of all employees on your pay roll

10. Capital Sum Insured

I/We warrant that the above answers are true and that I/We have not withheld or concealed any material information and I/We hereby agree that this Proposal and Declaration shall be the basis or the contract between me/us and the DONWELL INSURANCE COMPANY LIMITED and I am/We are willing to accept a Policy subject to the terms exceptions and conditions prescribed therein.

Date:

Signature

GENERAL INFORMATION

The Group Personal Accident Policy provides for Compensation for Bodily Injury caused by violent accidental external and visible means and solely and independently or any other cause resulting in Death or total or partial loss of limb or sight, and permanent total disablement while in the employment of or a member of the insured.

COVER

Cover is worldwide 24 hours of the day and includes flying as a fare-paying passenger in an aircraft operated by a recognized airline on a regular scheduled air transport service.

