



# INSURANCE COMPANY JAMAICA LTD.

## PERSONAL ACCIDENT PROPOSAL

To ensure accuracy in documentation please use BLOCK CAPITALS.

1. Name			
2. Address			
3. Profession, business or occupation			
4. Do those duties involve (tick one):			
(a) No manual work	<input type="checkbox"/>	(b) Only occasional manual work when supervising	<input type="checkbox"/>
(c) Manual work without machinery	<input type="checkbox"/>	(d) Manual work with machinery	<input type="checkbox"/>
5. Please state	(a) Date of Birth	(b) Height	(c) Weight
6. Are you now insured or proposing to insure against Accidents or			
7. Have you ever been declined or accepted on special terms for Life, Accident or Sickness insurance or has any company ever cancelled or refuse to renew your Policy or desire to amend the conditions or benefits? If so, what companies and when.			
8. Is your sight or hearing now impaired or have you ever had any affliction of the eyes or ears?			
9. Are you or have you been ruptured or have you varicose veins?			
10. Do you suffer or have ever suffered from a fit of any kind or any nervous recurring disease?			
11. Have you any physical defect or infirmity?			
12. Give particulars of any injury or sickness for which you have received medical attention for the past 5 years.			
13. Do you travel by air more than 12 times a year?			
14. Please state amounts for which you wish to insure:			
A. Accidental death	Scale 1 or	\$	
B. Permanent and Total Disablement	Scale 2	\$	
C. Temporary Total Disablement		\$	Per week
D. Temporary Partial Disablement		\$	Per week
E. Medical Expenses		\$	
NOTE: Benefit C should not exceed 80% of average weekly earnings. Benefit D cannot be taken without Benefit or for more than half Benefit C.			
15. The following activities are not covered. Please indicate by ticking if you require a notation to include cover for any heading, giving full details of the extent and involvement in such activity.			
(a) Boxing, wrestling or any form of unarmed combat.			
(b) Football other than as amateur.			
(c) Motorcycling.			
(d) Mountaineering, rock or cliff climbing necessitating use of ropes or guides.			
(e) Parachuting.			
(f) Potholing or similar activities.			
(g) Racing other than on foot.			
(h) Steeple chasing, show jumping, Polo-playing or hunting.			
(i) Water ski jumping.			
(j) Boating in any craft designed to travel at speeds in excess of 30 knots.			
(k) Yachting beyond territorial waters.			
(l) Diving with breathing apparatus.			
(m) Winter sports including ice hockey.			
(n) Use of woodworking machinery driven by mechanical power other than portable tools applied to the work by hand excluding circular saws of more 6" diameter, pendulum, swing and chain saws.			
<b>DECLARATION</b>			
I hereby propose to effect and insurance with the Company and I agree that this proposal and Declaration shall from the basis of the Contract between me and the Company I am willing to accept a policy and be bound by all terms, provisions and conditions thereof and to pay the premium hereunder. Declare I am now in good health and of sound constitution and that I always have been uniformly sober and temperate in any habits. I WARRANT the truth of the whole of the above statements and agree to give notice to the Company of any variation in my profession or occupation, health habits or pursuits or of the effecting of other insurance (other than Coupon) against accident, disease, sickness.			
Date	Signature of Proposed		
The liability of the Company does not commence until the proposal has been accepted by the Company and the premium paid.			