AIG

PROPOSAL FOR STUDENTS PERSONAL ACCIDENT INSURANCE

SECTION A : PERSONAL / CORPORATE DATA

Name of Parent / Guardian / Institution:_____

Occupation:_____

Name of Contact Person:_____

Postal Address:_____ Postal Code:_____ Town: _____

Office Tel:_____ Fax: No.:_____ Mobile Phone:_____

Email Address:_____

Agent / Broker Name _____

SECTION B : STUDENTS DETAILS

Name of student	Age	Standard/ Executive	Plan	Premium (Kshs)	Name of Beneficiary	Relationship of student to beneficiary

Note: If the number of students is more than the space provided, please capture in a spreedsheet and attach to this form.

SECTION C: DECLARATION

i. Privacy Statement

By completing this form, you have provided AIG with your personal information. AIG is committed to protecting the integrity, confidentiality, access and use of personal information that we collect from you in the course of our business. "Personal Information" is information that identifies and relates to you or other individuals (such as your dependants). You have the right to access and correct personal data that may be incorrect or incomplete. I hereby authorize AIG to use my personal information for lawful business purposes. For more information on how we handle personal information kindly obtain a copy of our privacy policy from our office.

ii. Summary of Cover

I acknowledge I have received, read and understood the Summary of cover for this policy.

iii. Declaration

I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon. Signing this proposal form does not bind the proposer or underwriter to complete this insurance.
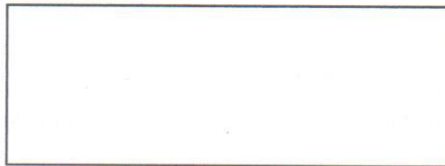
Name:_____

Signature:_____ Date: _____

(If Corporate):

Name: _____Designation:_____

Company Stamp and Date:

SECTION D: FOR OFFICIAL USE ONLY

Period of Insurance: From: _____ / _____ / 20 _____   Policy No.: _____

To: _____ / _____ / 20 _____   (both dates inclusive)

First Premium: _____ / 0.2% ITL _____ / 0.25% PCF _____ / Ksh 40/=Stamp Duty: Total _____

Producer Code: _____

Proposal Status: (Note - check if all requirements are attached)

☐   Approved: _____

☐   Deferred: Reason: _____

☐   Rejected: Reason:_____

Underwriter's Name: _____

Signature: _____

Date: _____