

PERSONAL ACCIDENT PLUS PROPOSAL FORM

		e of Proposer(s) in full							
. F	Postal address Postal code								
T	elephone Office	House	se Mobile						
F	ax	Email							
. [Date of birth day/month/year	Height		Weight					
. (Decupation								
. +	Has any company in respect of li	fe assurance or acc	ident insurance	ever:					
	a) Declined your proposal?				Yes □ No I				
(}	b) Declined to renew your insurar	nce?			Yes □ No [
(c) Demanded an increased rate?					Yes □ No [
1		(d) Imposed any special terms?							
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	d) Imposed any special terms?		ursuits or mode	of life or hobbies which rer					
	d) Imposed any special terms? If yes to any of the above, give details of circumstances con		ursuits or mode	of life or hobbies which rer					
(c)	d) Imposed any special terms? If yes to any of the above, give details of circumstances con	nected with your pu			Yes □ No [
(d	d) Imposed any special terms? If yes to any of the above, give details of circumstances con ou specially liable for injury	nected with your pu			nder				
(d	d) Imposed any special terms? If yes to any of the above, give details of circumstances con ou specially liable for injury	nected with your pu			nder				
(d	d) Imposed any special terms? If yes to any of the above, give details of circumstances contou specially liable for injury addition to taking cover on you yes, complete the following table, si	nected with your purself, do you wish to	o cover your sp	ouse and children?	Yes No [
(d	d) Imposed any special terms? If yes to any of the above, give details of circumstances contou specially liable for injury addition to taking cover on you yes, complete the following table, si	nected with your purself, do you wish to	o cover your sp	ouse and children?	Yes No [

Note

The insurance will not commence until the proposal is accepted by The Jubilee Insurance Company of Kenya Limited and the premium paid.

DECLARATION

I hereby declare that the above statements and particulars are true and complete and I have not withheld any material information, and I agree that these and any other statements in writing made by myself or anyone acting on my behalf shall form the basis of the contract for which this Proposal Form is completed. I agree to give notice to The Jubilee Insurance Company of Kenya Limited of any material change in the particulars mentioned above. I also agree that the local repatriation is provided by Flying Doctors and NOT The Jubilee Insurance Company of Kenya Limited and that it is subject to the terms and conditions of the Flying Doctors' Society of Africa.

Date	Signature of Proposer
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TABLE OF BENEFITS

ВЕ	NEFITS	BAND 1	BAND 2	BAND 3	BAND 4	BAND 5
Α.	Accidental Death	1,000,000	2,000,000	4,000,000	8,000,000	0,000,000
В.	Accidental Permanent Total Disablement (Continental Scale Benefits)	1,000,000	2,000,000	4,000,000	8,000,000	10,000,000
C.	Hospital Cash	5,000	7,500	10,000	12,500	15,000
D.	Accidental Temporary Total Disablement (Loss of Income) per week, maximum 104 week	10,000	15,000	20,000	25,000	30,000
E.	Accidental Medical Expenses	100,000	200,000	300,000	400,000	500,000
F.	Artificial Appliances (Accidental Loss)	20,000	25,000	30,000	35,000	40,000
G.	Funeral Expenses (Accidental Death)	30,000	50,000	70,000	100,000	120,000
Н.	Repatriation Expenses (International)	100,000	100,000	100,000	100,000	100,000
I.	Repatriation Expenses (Local)	As per provision i) of the policy	As per provision (i) of the policy			

PREMIUM COMPUTATION

CLASS/ENTRY AGE	BAND 1	BAND 2	BAND 3	BAND 4	BAND 5
CLASS 1					
Entry Age bracket 3 - 17 Annual Premium Monthly Premium	4,300.00 430.00	7,530.00 753.00	14,100.00	28,230.00 2,823.00	37,300.00 3,730.00
Entry Age bracket 18 - 55 Annual Premium Monthly Premium	6,300.00 630.00	10,530.00	18,100.00 1,810.00	33,230.00 3,323.00	43,300.00 4,330.00
Entry Age bracket 56 - 59 Annual Premium Monthly Premium	6,930.00 693.00	11,580.00	19,910.00	36,550.00 3,655.00	47,630.00 4,763.00
CLASS 2					
Entry Age bracket 3 - 17 Annual Premium Monthly Premium	4,300.00 430.00	7,530.00 753.00	14,100.00	28,230.00 2,823.00	37,300.00 3,730.00
Entry Age bracket 18 - 55 Annual Premium Monthly Premium	7,130.00 713.00	11,880.00	20,310.00 2,031.00	37,050.00 3,705.00	48,230.00 4,823.00
Entry Age bracket 56 - 59 Annual Premium Monthly Premium	7,840.00 784.00	13,070.00 1,307.00	22,340.00 2,234.00	40,750.00 4,075.00	53,050.00 5,305.00

CLASSIFICATION OF OCCUPATIONS INSURABLE UNDER THE POLICY

Class 1

Persons engaged solely in professional, administrative, clerical and non-manual occupations generally such as accountants, architects, auditors, bankers, clergymen, clerks, dentists, lawyers, medical practitioners, secretaries, stockbrokers, surgeons and teachers.

Class 2

Persons engaged in work of supervisory nature and others not in Class I, whose duties do not involve the use of tools or machinery or expose them to any special hazard such as auctioneers (not livestock), builders (superintending), civil engineers, commercial travellers, estate agents, farmers (superintending), decorators (superintending), grocers, hairdressers, merchants, pharmacists, plumbers (superintending), salesmen, tailors.