

PROPOSAL FORM FOR PERSONAL ACCIDENT INSURANCE

Agency: Policy No:

A/c No: PIN No:

NOTE: PLEASE GIVE A DEFINITE ANSWER TO EACH QUESTION (Ticks or dashes are not sufficient. Please Print).

1. Full Name of Proposer(s) (In capitals):

2. Postal Address: Postal Code:

Email Address: Cell Phone No:

3. Business: Tel No:

4. (a) Duties in detail:

(b) Product or service involved:

(c) Employer's / Business name:

(d) Gross earned income per annum Kshs:

5. Date of Birth: Height: Weight:

6. Please give details of any illness, or accidents in connection with which you have consulted any Doctor during the last 5 years.

Nature of accidents or illness	Date	Duration

7. Do you suffer from: (a) Any physical defect or infirmity? Yes No (b) ill health of any description? Yes No
if so, give any details

8. Do you engage in any of the activities listed below? Yes No If so, give details

(a) Winter Sports, Rock climbing, Mountaineering (Which requires the use of ropes or guides), Pot Holing, Ski Diving, Scuba, Para chuting, Football, or Rugby Football, Ice Hockey, Motor Cycling, Polo, Steeple Chasing, Big Game Hunting or Hunting other than on foot, Racing of any kind other than on foot, Water Sports of any kind.

(b) Any other hazardous activities.

9. Do you wish the Policy cover to apply to bodily injury consequent upon any of the hazardous activities referred to above? Yes No

If so, please state which one(s)

10. Amount of Insurance required

(a) Benefit A	Death	Shs.
(b) Benefit B	Permanent Disablement	Shs.
(c) Benefit C	Temporary Total Disablement	Shs. Per week
(d) Benefit D	Medical Expenses incurred in connection with an accident	Shs.

11. Name and Address of Beneficiary for Benefit A

(a) Name:

(b) Address:

(c) Relationship: (d) Age:

12. Has any insurer declined your proposal for life/ Accident Insurance or cancelled or refused to renew your policy or imposed any restrictions or special conditions? Yes No

If so, give details and name of Company.

DECLARATION

I declare that I, the Proposed Life Insured, am now in good health and that all statements in this Proposal, whether in my own handwriting or not, are true and complete. I agree that this Proposal and Declaration, together with any statements made or to be made, to the Company's medical examiner, shall be the basis of the contract between the Company and me. I consent to the Company seeking information from my doctor, clinic or hospital, or from any office to which a proposal on my life has been made, and I authorize the giving of such information.

Signed at this day of Signature of Proposed Life Insured

From what date do you wish cover to commence? day of 20

Note: - Liability does not begin until this proposal has been accepted by the Company and the premium paid except as provided by any official cover note issued by the Company.

I/we consent that the data provided can be shared with third parties outside our jurisdiction for the purpose of provision and processing of the insurance.

THE PERSONAL ACCIDENT POLICY

	BENEFITS IN THE EVENT OF AN ACCIDENT	COMPENSATION
A.	Death	Capital Sum
B.	Permanent Disablement	Percentage of Capital Sum as given below
C.	Temporary Total Disablement	Maximum 1% of Capital Sum per week
D.	Medical and Surgical Expenses necessarily incurred in connection with An accident covered under the policy	Maximum 10% of Capital Sum

SCALE OF COMPENSATION UNDER BENEFIT B

	Percentage payable of Capital Sum		Percentage payable of Capital Sum
(a) Permanent total disability preventing from attending to employment, occupation or business of any kind whatsoever	100	(k) Loss of four fingers	35
(b) Loss of two limbs	100	(l) Loss of thumb – both phalanges – one phalanx	25 10
(c) Total Loss of Sight of both eyes	100	(m) Loss of index fingers – - three phalanges	10
(d) Loss of one leg above the ankle	50	- two phalanges	8
(e) Loss of toes – all	20	- one phalanx	4
Great, both phalanges	5	(n) Loss of middle finger – - three phalanges	6
Great, one phalanx other than great, if more than one toe lost, each	2 1	- two phalanges	4
(f) Loss of one eye	50	- one phalanx	2
(g) Loss of hearing – both ears	50	(o) Loss of middle finger – - three phalanges	4
(i) Loss of one arm at or above wrist	50	- two phalanges	2
(j) Loss of four fingers & thumb of one hand	42½	- one phalanx	2
		(p) Loss of middle finger – - three phalanges	4
		- two phalanges	3
		- one phalanx	2
		(q) Loss of metacarpals: - first or second (additional)	3
		- third, fourth or fifth (additional)	2

(AGE LIMIT: 16 YEARS TO 65 YEARS)

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Regulated by the Insurance Regulatory Authority

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