



THE HAND-IN-HAND MUTUAL LIFE ASSURANCE COMPANY LTD.
APPLICATION FOR LIFE INSURANCE

Application No.

Sales Rep.

Please Answer all questions carefully as any false answer or non-disclosure of any material fact may render this contract VOID.

LIFE ASSURED

Full Name

Marital Status Sex Date of Birth Age next birthday

Addition Information if Life Assured is a Married Female

Full Maiden Name

Husband's Name & Occupation

Address

Residential Address

Business Address

Mailing Address Residence No. Business No.

Occupation

Present Occupation Duration

Present Employer

Previous Occupation Duration

Previous Employer

References (Two References of at least two years standing and not relatives)

1) Name

2) Name

Occupation

Occupation

Address

Address



Details of assurance proposed

Sum Assured Plan

Additional Benefits Required

- A.M.E \$
- A.D.D \$
- H.I. \$
- *A.D.I.B. \$ per month
- T.D.
- P.W. (Death)
- P.W. (Disability)
- Radio Button

*Present Monthly income from Employment (if ADIB required)

Premium Mode Yearly Half Yearly Quarterly Monthly Cash D.O. B.O.

Do you intent to travel by aircraft other than as a fare paying passenger on a scheduled passenger airline. Yes No

Have you in the past two years or do you in the future intend to engage in aviation as a pilot, student pilot or a member of the crew Yes No

Do you engage or intend to engage in any business, sport or avocations, e.g. boxing, motor racing, diving, boat racing, hunting, etc. Yes No

Details (if yes)

Has any proposal for assurance or for reinstatement of any assurance on the life proposed ever been:

- a) Declined
- b) Posponed
- c) Withdrawn
- d) Accepted at an increase premium or with a lien or upon a plan different from that applied for?

Details (if yes)

Particulars of Assured if not Life Assured

Name

Address

Occupation Relationship to Life Assured

Life Assured in force and insurer

Is it intended to assign the policy applied for Yes No

If Yes, Name of assignee

Reason for assignment



Is the policy to be issued under the Married Person (property) Act Yes No If Yes, for the benefit of Whom?

Name Relationship

a) Name and address of the last Physician consulted:

b) Reason Diagnosis

c) Date Consulted d) Treatment given e) Results

How frequently, what kind, and in what quantity do you use intoxicating liquor?

How frequently and in what quantity do you use cigarettes and tobacco?

Have you used narcotics e.g. Cocaine, morphine, marijuana etc? If yes give details and state how used e.g. By intravenous injections, smoking etc.

Give details of all assurances presently and previously held on the Life Proposed.

Company	Amount	Plan	Year Taken	Status (if lapsed give date)

Are any current proposals being made to other companies? Yes No If yes, give details.

Give details of any Accident of Sickness Assurance (including group assurances) presently or previously held on the Life Assured

Have you ever been declined or accepted on special terms of Accident or Sickness assurance or has any Company ever cancelled or refused to renew such assurance on you life. If yes, give details.

I/We acknowledge that the information and answers set out above are as given by me/us and are complete and true.
I/We hereby warrant and declare that all information, representations and answers given or to be given by me/us or the Life Assured to the company or Medical Examiner are true and complete and shall be the basis of the contract of Assurance. I/We will accept the policy of Assurance applied for the subject to the terms and conditions of the Policy and the Articles of Association and By-Laws of the Company, and subject to the right of rejection of the policy if issued other than as applied for or agreed to, within 30 days of its receipt with any amendments, additions or conditions made by the company.

"I/We authorise the Company or any Medical Practitioner acting for it to enquire form any Medical or other Practitioner, hospital or like institution, government department, life assurance company or from any other person or source, any medical or other information about me/us and the giving of such or any information to any assurance company relating to this application."

Dated

Signature of Life Assured

Witness

Signature of Assured if other than Life Assured

LIMITATION OF COVERAGE

I understand and agree that any insurance granted on the basis of this proposal shall not cover the life assured, if death results, within Ten years of the issue of the policy, from Human Immunodeficiency Virus (HIV), Lymphadenopathy Syndrome (LAS), Aids Related Complex (ARC), Acquired Immune Deficiency Syndrome (AIDS), or any related condition as explained in the policy, whether the life assured is already suffering from the afore-mentioned conditions or suffers from them after the policy is issued.

In the event of any loss insured against resulting from suicide or attempted suicide at any time when the issued was suffering from Human immunodeficiency Virus (HIV), Lymphadenopathy Syndrome (LAS), Aids Related Complex (ARC), Acquired Immune Deficiency Syndrome (AIDS), or any related condition as explained in the policy, the Company shall not be liable.

Dated

Signature of Life Assured

Witness

Signature of Assured if other than Life Assured

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STATEMENT BY THE COMPANY'S SALES REPRESENTATIVE

How long have you known the Life Assured/Assured?	<input type="text"/>
Give an assessment of the assured's income and state the grounds on which you base your assessment	<input type="text"/>
By whom will the premium be paid	<input type="text"/>
Is the Life Assured related to you? If yes, how related?	<input type="text"/>
Is the Life Assured married? State number of children	<input type="text"/>
Is the Life Assured of good morals and honest in all dealings	<input type="text"/>
Do you believe the Life Assured to be in good health?	<input type="text"/>
Have you ever heard of the Life Assured being ill or having consulted a Physician? if yes, give details.	<input type="text"/>
To what extent, if at all, does the Life Assured indulge in smoking, drinking or taking drugs?	<input type="text"/>
Is the Life Assured known or suspected to indulge in Homosexual activity?	<input type="text"/>
Purpose of Life Assurance	<input type="text"/>
Is there any other factor known to you affecting the risk which the Company ought to know?	<input type="text"/>
Do you consider the risk to be average or under average	<input type="text"/>

I certify that the foregoing answers are correct, to the best of my belief and knowledge, after careful enquiry.

Date

Sales Rep. Signature

Unit/Sales Manager's Comments

Unit/Sales Manager's Signature

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PREMIUM CALCULATIONS

Age Admitted	
Date	
Proof	
Signature	
Marriage Certificate (if married)	
Signature	
QUALITY RATER	
Annual Income	
Method of Payment	
Frequency of Payment	
Occupation	
Previous Assurance	
Age	
Policy Type	
Sum Assured	

TOTAL

Plan Age

Premium Mode: Sex:

Premium rate per mile (\$1,000)	
Sum Assured	
Basic Premium	
Plus rate-up	
Total Basic Premium	
T.D.	
A.D.D.	
H.I.	
A.M.E.	
A.D.I.B.	
P.W. (Death)	
P.W. (Disability)	

Total mode Payment

Total Annual Premium

Worked by

Checked by

