



THE HAND-IN-HAND MUTUAL FIRE INSURANCE COMPANY LIMITED
(Incorporated 1865)

HEAD OFFICE: Lots 1-4 Avenue of the Republic, Georgetown, Guyana
Tel. Nos. 592-225-1865/7 E-mail: info@hihgy.com

PROPOSAL FOR PERSONAL ACCIDENT TRAVEL INSURANCE

Proposer's Name (In Full) _____
Address _____
Profession or Occupation _____
Nationality _____
Itinerary or Tour of Journey _____

NB: This Insurance takes effect from the moment the Insured embarks on the Aircraft/ Ship and cease from the moment the Insured disembarks from the Aircraft/ Ship at the end of his/ her Journey.

Period for which cover is required: From _____ To _____
No. of Days. _____ Flight No. _____ Time of Departure _____
Name and Address of Beneficiary _____ The Estate _____

TO BE COMPLETED ONLY IF PERSONAL ACCIDENT INSURANCE IS REQUIRED

What is your age? _____
To the best of your knowledge and belief, are you of sound bodily and mental health and free from infirmity and Physical defect? _____
If not, give details _____
Has any proposal from you ever been declined, or has a policy in your favour ever been cancelled or not renewed? _____
Have you ever made a claim or received compensation for injuries or Disease? _____
If so, state from whom and give date and particulars _____
Is Journey for Business or Pleasure Purposes? _____
Sum to be insured against death _____
Have you any other Personal Accident Insurance _____
If so, state amount of Insurance and name of Company or other Insurer _____

Is Air Travel (as define below) to be included in the scope of the Insurance? _____

Note: The company shall not be liable in respect of Bodily Injury or Death Disablement or Expenses consequent upon the Insured person engaging in aviation other than Air Travel (i.e Mounting into, Travelling in or Dismounting from any fully licensed passenger carrying aircraft as a passenger and not as a member of the crew nor for the purpose of engaging in any trade or technical operation therein).

PREMIUM: _____
CANVASSED BY: _____
PREPARED: _____
APPROVED BY: _____

Signature of Proposer _____
REINSURANCE POSITION