

**PROPOSAL FOR PERSONAL ACCIDENT PROTECTION**

No **PA20100001**

Applicant's Name: (last) (first) (middle)			Employer:		
Date of Birth: (day) (month) (year)		Nationality:		I.D. No 10 digits	
Address:					
Beneficiary:			Relationship:		
Occupation:		Duties:		Height:	Weight:
				Class:	

Spouse's Name: (last) (first) (middle)			Employer:		
Date of Birth: (day) (month) (year)		Nationality:		I.D. No 10 digits	
Beneficiary:					
Beneficiary:			Relationship:		
Occupation:		Duties:		Height:	Weight:
				Class:	

PROPOSED BENEFITS	SUM INSURED US\$			WAR Cover	Premium US\$
	Applicant	Spouse	Payable		
1 <b>Death &amp; Permanent Disability: Total or Partial</b>			Lump Sum		
2 <b>Weekly Income for Total Disability (From 1st Day / 8th Day)</b>			Weekly	NO	
3 <b>Medical Expenses (Direct in KSA, Reimbursement abroad)</b>			to Hospital	NO	
4 <b>Lifetime Income (20 years certain)</b>			Monthly	NO	
<b>Cover is invalidated by :</b>				Subtotal	
* non-payment of premium.				Policy Fee	
* incorrect or incomplete answer to any of the questions below.				TOTAL DUE	

Questions pertain to all persons named in this Proposal	If YES, give full details overleaf
1. Have you been treated for or told you had diabetes, abnormal blood pressure, any disorder or disease of the heart, lung, back or spine, a mental, weight or nervous condition, cancer, leukemia, kidney or liver disease, alcoholism or drug abuse or any other disease, disorder, injury or congenital anomalies or consulted a physician for any other reason?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Do you intend to seek medical advice, treatment or have any medical tests performed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you received medical advice or treatment in connection with AIDS or any sexually transmittable disease? Have you been told you have AIDS or AIDS related complex? Do you have or been told you have a positive blood test for antibodies to the AIDS virus HIV? Do you have any of the following which are unexplained: Fatigue, Weight Loss, Diarrhea, enlarged Lymph nodes or unusual skin lesions?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
4. Do you carry any other life, accidental death, disability or hospital income insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Does Disability income insurance under this and all other policies exceed 75% of your earnings?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Do you expect to undertake/participate in any hazardous activity like skydiving, underwater diving, hand-gliding, parachuting, private flying, rock climbing, auto, cycle or boat racing or skiing?	<input type="checkbox"/> YES <input type="checkbox"/> NO

All the statements in this proposal are true and complete to the best of my knowledge and belief and they shall form part of the contract for insurance. I hereby authorize any physician, hospital, clinic, insurance company or other organisation, institution or person that has any records or knowledge of me or my family, to give to Medgulf any and all information relating to health services or conditions whether past or present.

A photocopy of this authorisation shall be as valid as the original.

I understand and agree that no coverage will be in effect until this application is approved by Medgulf, the premium is paid and a policy is issued during my good health and that the policy will only cover injury occurring after the policy becomes effective. However, if the full premium is paid at the time of this application, coverage becomes effective at 12 noon of the first working day next following its date.

Signature & Date	Applicant	Spouse	Agent
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<b>MEDGULF</b> <b>ميدغولف</b> THE MEDITERRANEAN & GULF COOPERATIVE INSURANCE & REINSURANCE CO. (S.J.S.C) <b>شركة المتوسط والخليج للتأمين وإعادة التأمين التعاوني (ش.م.س)</b>	Received from
The Amount of _____	
In Cash / Cheque No _____ Dated: _____ Drawn on _____	
Being Total / Partial settlement of premium due on Proposed Personal Accident Protection No <b>PA20100001</b>	<b>Agent's Signature</b>