



# SHARJAH INSURANCE COMPANY

Head Office, Post Box No. 792, Sharjah, United Arab Emirates

Tel: +971 6 568 6690, 568 3833, Fax: +971 6 568 6545

Dubai Office Tel: 04-3979796 Fax No: 04-3979704

Abu Dhabi Office Tel: 02-6774200 Fax No: 02-6772770

Web site: www.shjins.ae E-mail: sico@emirates.net.ae

## GROUP LIFE INSURANCE QUESTIONNAIRE

Name of the Insured		:	_____	
Address		:	_____	Tel. No. _____
			_____	Fax No. _____
Trade or Occupation		:	_____	
Description of Work		:	_____	
List of Employees to be covered showing Name, Date of Birth, Occupation, Salary and Sum Insured required.				
Period of Insurance		:	From: _____	To: _____
Covered Required		:		
		*	Death any cause	
		*	Accidental Death Benefit	
		*	Permanent Total Disability (Accident)	
		*	Permanent Partial Disability (Accident)	
		*	Medical Expenses	Dhs. _____
		*	Repatriation Expense	Dhs. _____
(It is a condition that all the members of staff should be compulsorily insured. The cover ceases at age 65. Cover after the age of 65 will be restricted to Death only subject to satisfactory health declaration).				
Are you at present insured or have ever proposed for or held an insurance in respect of group life?				
If so, give the name of Company: _____				
Has any such proposal or renewal ever been declined or withdrawn: ___ Declined ___ Withdrawn				
Claim Experience for the last 5 years: _____				
_____				
_____				
_____				
_____				

We hereby declare that the statements by us in this questionnaire are complete and true to the best of knowledge and belief, and we hereby agree that this questionnaire shall form the basis and part of any policy issued in connection with the above risk or risks. It is agreed that the Insurers shall be liable in accordance with the terms of the Policies only and that the Insured will not lodge other claims of whatsoever nature.

Executed \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2007

Signature of Proposer :

Signature of Agent :

Date :

Signature

Stamp