

Have you ever been under observation or had medical or surgical advice or treatment, or been hospitalized during the past five years?

Yes No

If so, give dates, ailment, duration and result

Do you have any deformity? Yes No

To the best of your knowledge are you now in good health and free from physical impairment or deformity?

If not, give full particulars:

If yes, give details:

5. Have you ever had a

- | | | |
|------------------|-----|----------------------|
| (a) sprain, | (a) | <input type="text"/> |
| (b) fracture or | (b) | <input type="text"/> |
| (c) dislocation? | (c) | <input type="text"/> |

6. Is your sight or hearing impaired? Yes No

7. Please state fully bodily injuries or illness you have suffered necessitating medical attention

NATURE, DURATION & DATE OF AILMENT

8. Do you suffer from or do you have the tendency to suffer from any ailment or disease? Yes No

If yes, please state nature of ailment/disease

9. Has any near relation suffered from Tubercular disease, Cancer or insanity. If so give details.

10. Have you any intention of travelling outside Ghana? Yes No

If so where and for how long?

11. Have you ever receive compensation under any form of ailment and/or sickness policy?

Date:

Nature of Ailment:

If so, please give particulars for each occasion. **Company/Amount:**

12. Have you ever proposed for an accident/Insurance? Yes No

If yes, give name of Company and particulars of Insurance

(b) Has any Company

- | | | | | |
|---|-----------|--------------------------|----|--------------------------|
| (i) declined to issue you with Policy? | (i) Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (ii) declined to continue your insurance? | (ii) Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (iii) dislocation? | (iii) Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (iv) dislocation? | (iv) Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

(c) Will this insurance be additional to any other existing personal accident/sickness insurance? Yes No

If yes please, give particulars:

13. Have you ever proposed for a life assurance? Yes No

If so, was the proposal accepted at standard rate, withdrawn, deferred or declined?

Please give Name of Company and Sum Assured

14. Please give details of any existing policies:

Sum Insured at death and Corresponding Benefits

GHS

BENEFICIARY

Full Name:

Address:

Relationship:

DECLARATION

I declare and warrant that the above statements are complete and true in every respect and that no material information has been withheld or suppressed. I agree to give notice to the Company of any variation in my profession or occupation, health, or pursuits and that this declaration shall be held to be promissory and shall form the basis of the Contract between me and the HOLLARD INSURANCE GHANA LIMITED. I further agree to accept a policy subject to the terms, provisions and conditions prescribed by the Company therein.

Signature of Proposer:

Date:

NOTE

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE ACCEPTANCE OF THE PROPOSAL HAS BEEN INTIMATED BY THE COMPANY OR OFFICIAL COVER NOTE ISSUED.