

PROPOSAL FORM

KEY MAN

EVERY QUESTION MUST BE ANSWERED FULLY AND CORRECTLY BY THE PERSON TO BE INSURED OR ON HIS BEHALF BY THE PROPOSER.

1a)	Full Name of the Proposer (if other than the Person to be Insured)	
------------	--	--

1b)	Relationship to the Person to be Insured	
------------	--	--

ALL THE FOLLOWING QUESTIONS RELATE TO THE PERSON TO BE INSURED.

2a)	Full Name		Date of Birth	
------------	-----------	--	---------------	--

2b)	Address in full	
------------	-----------------	--

3.	Nature of Business or Occupation in which you are engaged.	
-----------	--	--

4.	State period of insurance and commencement date required	
-----------	--	--

5.	What Capital Sum do you wish to insure?	
-----------	---	--

6.	If you travel by air as a passenger in a properly licensed multi-engined aircraft being operated by a licensed commercial air carrier or owned and operated by a commercial concern, please state the approximate number of flights and anticipated destinations.		
-----------	---	--	--

--	--	--	--

7.	Do you wish to be covered for the following risks which are NOT covered unless specifically agreed and endorsed on your Policy?	Yes		No	
-----------	---	-----	--	----	--

If yes please give details

--	--	--	--

a)	Winter Sports?	Yes		No	
-----------	----------------	-----	--	----	--

b)	Skin Diving involving the use of breathing apparatus?	Yes		No	
-----------	---	-----	--	----	--

c)	Rock Climbing or Mountaineering normally involving the use of ropes or guides?	Yes		No	
-----------	--	-----	--	----	--



SPECIALIZED INSURANCE COMPANY LIMITED | Registration Number 50508

+266 2232 0837/ 8 | info@sic.co.ls | www.sic.co.ls

Address | 5th Floor, MGC Park, Corner Pope John Paul II & Mpilo Boulevard, Maseru, Lesotho, 100

Directors | Managing Executive, Mr M Lazaro | Non-Executive, Mrs F Khabo & Mr S Beeton | Chairman, Mr N Letele

d)	Potholing?	Yes	No	
-----------	------------	-----	----	--

e)	Hang-gliding or Parachuting?	Yes	No	
-----------	------------------------------	-----	----	--

f)	Hunting on horseback?	Yes	No	
-----------	-----------------------	-----	----	--

g)	Driving or riding in any kind of Race or Competition?	Yes	No	
-----------	---	-----	----	--

h)	Riding Motor Cycles or Motor Scooters?	Yes	No	
-----------	--	-----	----	--

i)	If yes, state engine size (CC)			
-----------	--------------------------------	--	--	--

h)	Air Travel other than as described in Question 6?	Yes	No	
-----------	---	-----	----	--

i)	Any other occupation, sport, pastime or activity which is likely to involve extra risk of accident?			
-----------	---	--	--	--

k)	IF YOU HAVE TICKED ANY OF THE 'YES' BOXES GIVE FULL DETAILS BELOW			
-----------	--	--	--	--

8.	Do you suffer from defective hearing or vision?	Yes	No	
-----------	---	-----	----	--

If yes, to what extent?				
-------------------------	--	--	--	--

9.	Have you ever suffered from hernia, lower back strain, disc lesion or other physical defect of a chronic or recurring nature?	Yes	No	
-----------	---	-----	----	--

If yes, give details				
----------------------	--	--	--	--

10.	Have you ever suffered from any heart condition, hypertension, varicose veins, nervous condition, alcoholism, drug addiction or other illness or organic weakness of a chronic or recurring nature?	Yes	No	
------------	---	-----	----	--

If yes, give details				
----------------------	--	--	--	--

11.	Have you undergone or have you any reason to believe you may need to undergo a surgical operation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
------------	--	-----	--------------------------	----	--------------------------

If yes, give details

12.	What accidents or illnesses have prevented you from attending to your business or occupation for periods of more than 14 days during the past three years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
------------	--	-----	--------------------------	----	--------------------------

If yes, give details

13.	Apart from any matter you have already described, are you now in and do you generally enjoy good health?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
------------	--	-----	--------------------------	----	--------------------------

If yes, to what extent?

14.	Are you now insured against accident or illness?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
------------	--	-----	--------------------------	----	--------------------------

If yes, with whom and for what capital amount and weekly benefits?

15.	Have you ever been declined or accepted on special terms, for life, accident, or illness insurance or any Company ever cancelled or declined to renew your Policy?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
------------	--	-----	--------------------------	----	--------------------------

If yes, give details

DECLARATION

To the best of my/our knowledge and belief, the information provided in connection with this proposal, whether in my/our own hand or not, is true and I/we have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the Insurance. (N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters. If you are in any doubt as to whether a fact is material or no, you must disclose it.)

I/We understand that Underwriters will determine their terms and conditions upon the information provided in connection with this proposal; and I/we further understand that the signing of this proposal does not bind me/us to complete or Underwriters to accept this Insurance.

Name		Date	
------	--	------	--

Designation (Principal Officer or Trustee)	
--	--

SIGNATURE	
-----------	--