

BRITAM STUDENT ACCIDENT INSURANCE PROPOSAL FORM

COVER: This offers the policy holder Group Personal Accident cover (GPA) with Third Party Liability Extension , and can be arranged to cover students on their way to or from school and all the time they are at school only, at a fixed premium

BENEFITS: These are paid on agreed limits. They include:

- Medical expenses arising out of accidents.
- Death due to accidents
- Total & Permanent disability due to accidents
- Third Party Liability cover against; material damage and Bodily Injury

PREMIUMS: Premiums per student are fixed depending on the classification of the school, namely;

- RWF 300: Nursery, Pre-Primary School and Primary Schools
- RWF 1,200: Secondary Schools (Non-Technical Schools)
- RWF 1,500: Secondary Schools (Technical Schools)
- RWF 2,000: Universities and other Higher Learning Institutions

SECTION A: POLICY HOLDER DETAILS

NAME OF POLICY HOLDER: (School/Institution name)	
PHONE NUMBER:	
EMAIL ADDRESS:	
POSTAL ADDRESS:	
TYPE OF SCHOOL: (Tick)	<input type="radio"/> NURSERY/PRE-PRIMARY SCHOOL <input type="radio"/> PRIMARY SCHOOL <input type="radio"/> SECONDARY SCHOOL (ORDINARY) <input type="radio"/> SECONDARY SCHOOL (TECHNICAL) <input type="radio"/> UNIVERSITY
NUMBER OF STUDENTS	
BROKER/AGENT USED:	
BRITAM BRANCH USED:	

• Will any of the persons to be insured use machinery? Yes No

• If the answer is "Yes", please give details :

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• Have any persons while engaged in the activities for which insurance is required been involved, during the last three years in any accident resulting in death or disablement?

Yes No

• If the answer is "Yes", please give details:

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• Name of previous insurer(s).....

• Period of Insurance: _____ From _____ To _____

• Will the proposer engage in any sport or pastime involving a particular risk of accidental injury? Yes No

• If Yes please give details :

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• Has the proposer:

a) Suffered any accident(s) previously? Yes No

b) Suffered any physical disability? Yes No

c) Suffered from chronic or recurring illness? Yes No

• If yes to any of the above, please give details:

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NOTE: The liability of the company does not commence until the proposal has been accepted by the company and the premium paid.

DECLARATION I /we do hereby declare that the above answers and statements are true, and that I/we have not withheld any material information regarding this proposal.

Name and Title of Authorized Signatory _____

Signature _____ **Date** _____