

**STUDENTS ON ATTACHMENT PERSONAL ACCIDENT POLICY**

**PROPOSAL FORM**

1. Name of the proposer.....
- (i) Occupation .....ID Number .....
- (ii) Postal address .....
- (iii) Telephone .....Fax ..... E-mail .....

2. (I) Covers with Medical Option - 6 options as follows:-

	<b>Option I</b>	<b>Option 2</b>	<b>Option 3</b>	<b>Option 4</b>	<b>Option 5</b>	<b>Option 6</b>
Death	2,000,000	1,500,000	1,000,000	500,000	300,000	150,000
Permanent Total						
Disablement	2,000,000	1,500,000	1,000,000	500,000	300,000	150,000
Medical Expenses	250,000	200,000	150,000	100,000	50,000	30,000
Last Expense	75,000	75,000	65,000	65,000	30,000	20,000
<b>Premium per person</b>	<b>3,625</b>	<b>2,875</b>	<b>2,075</b>	<b>1,325</b>	<b>700</b>	<b>500</b>

- (II) Covers without Medical Option - 6 options as follows:-

	<b>Option I</b>	<b>Option 2</b>	<b>Option 3</b>	<b>Option 4</b>	<b>Option 5</b>	<b>Option 6</b>
Death	2,000,000	1,500,000	1,000,000	500,000	300,000	150,000
Permanent Total						
Disablement	2,000,000	1,500,000	1,000,000	500,000	300,000	150,000
Last Expense	75,000	75,000	65,000	65,000	30,000	20,000
<b>Premium per person</b>	<b>2,375</b>	<b>1,875</b>	<b>1,325</b>	<b>825</b>	<b>450</b>	<b>250</b>

Selected Option .....

3. Period of cover: From ..... To .....
4. Are you in good state of health and free from physical and mental defects or infirmity to the best of the proposer's knowledge and belief? YES ..... NO .....

**If not please give details.**

6. Give particulars of all accidents which you have suffered during the last three years.

7. ....

8. Next of Kin  
Name.....ID Number ..... Contact.....

**Declaration**

**All statements in this application are true and complete to the best of my knowledge and belief and they shall form part of my contract with British-American Insurance Company (Kenya) limited.**

Signature ..... Date ..... Place .....

Confirmed By.....Date.....

Approved By.....Date.....