

BAHAMAS FIRST GENERAL INSURANCE COMPANY LIMITED

TRAVEL INSURANCE PROPOSAL FORM

AGENCY: _____

UNDERWRITER: _____

PLEASE GIVE A DEFINITE REPLY TO EACH QUESTION ON THE FORM

No Insurance is in force until the proposal has been accepted by Bahamas First General Insurance Company Ltd.

1. Name: _____

2. Postal Address: _____ E-mail Address: _____

3. Telephone Nos. Work _____ Home _____ Cell _____

4. Occupation _____

5. Period of Journey _____ To _____ (Dates)

6. Countries to be visited _____

7. Is journey for business or pleasure purposes _____

8. Person(s) to be insured
(If anyone is under age 15 or over 70 give age after name of each)

	1. Loss of Deposits	2. Personal Accident	3. Medical & Out-of-pocket Expenses	4. Baggage
Section 4 – minimum Sum Insured \$500 Per person (children under age 15) \$150	Sum Insured	No. of Units	Sum Insured	Sum Insured
Yourself	}			
Your family traveling with you (give names)				

9. There is a normal limit of 20% of the sum insured on any item of personal baggage. If the value of any such item exceeds 20% of the sum insured please give details:

Description	Value
_____	_____
_____	_____
_____	_____

10. If you (or any member of your family) are insuring for Personal Accident (Section 2) please give details of any other Personal Accident policies already in force.

I declare that:

1. to the best of my knowledge and belief all persons proposed are in good health, free from any physical defect of infirmity, are not receiving medical treatment of any kind and are not suffering nor have suffered from a recurring illness.
2. to my knowledge at the present time there is no reason why the holiday may have to be cancelled or curtailed.

SIGNATURE _____

DATE _____