

## Proposal Form

### Completing this form

In order to apply for this insurance, please complete all parts of this proposal form and the annexures, if any.

**You must provide full, accurate, and true answers to all questions listed below. Material facts which you know or ought to know should be fully and accurately disclosed. Failure to do so may result in rejecting your claim and/or terminating the insurance policy from inception.**

If you are in any doubt about what you should disclose, please do not hesitate to contact us. A material fact is one that would influence our decision whether to offer you insurance or the terms which we offer.

If the space provided is inadequate, please provide details using an additional information sheet, signed and dated.

Your insurance does not commence when you sign the proposal. Your cover will only commence once we have reviewed the proposal form and confirmed cover in writing.

Please keep a copy of this proposal form for your record along with any correspondence/information provided to us and policies/endorsements that are issued to you subsequently.

## 1. General information

Please complete this form to apply for ADNIC Group Travel Insurance. Submission of completed proposal form is no guarantee for acceptance of the risk.

- a. Name of the corporate institution proposed to be insured (including all associated and/or subsidiary companies):

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- b. Primary Business Activity: \_\_\_\_\_

- c. Address (please show the address required on the policy)

Contact person's name: \_\_\_\_\_

P. O. Box: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_ Tel.: \_\_\_\_\_

Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

- d. VAT Tax Registration Number (if applicable): \_\_\_\_\_

- e. Effective date of cover (intended): From: \_\_\_\_\_ To: \_\_\_\_\_

- f. Information of the census to be insured

Please give the following details for each category or submit a complete census with following details.

| Categories            |   | Number of persons | Estimated total no. of trips | Average duration per trip | Maximum duration per single trip | Estimated no. of travel days per annum |
|-----------------------|---|-------------------|------------------------------|---------------------------|----------------------------------|--|
| Category              | A |                   |                              |                           |                                  |  |
|                       | B |                   |                              |                           |                                  |  |
|                       | C |                   |                              |                           |                                  |  |
|                       | D |                   |                              |                           |                                  |  |
|                       | E |                   |                              |                           |                                  |  |
| Spouses/<br>Partners  |   |                   |                              |                           |                                  |  |
| Dependent<br>Children |   |                   |                              |                           |                                  |  |

**2. Travel details**

a.

|                  | GCC/MENA | Worldwide (Excluding USA & Canada) | Worldwide |
|------------------|----------|------------------------------------|-----------|
| Number of trips  |          |                                    |           |
| Average duration |          |                                    |           |
| Maximum duration |          |                                    |           |

b. Do the trips include:

i) Non-scheduled air travel – fixed wing or helicopter?

Yes

No

If Yes, what % of the total flights? \_\_\_\_\_

ii) Any processes or features in connection with your trade or business which render any staff especially vulnerable to accidents or injury?

Yes

No

If Yes, please provide details: \_\_\_\_\_

iii) Winter sports?

Yes

No

If Yes, please select from the table below which sports are planned to be undertaken

| Grade 1   | Grade 2  | Grade 3   |
|---|--|---|
| Abseiling, archery, deep sea fishing, dinghy sailing, football/ soccer, paragliding over water, parascending over water, pony trekking, sail boarding, sailing, sea kayaking, scuba diving (max 9 meters), safari, trekking/hiking below 3,000 meters, volleyball, wakeboarding, paint balling, water polo, water skiing, white water rafting up to grade 3, wind surfing, yachting | Horse riding, fencing, jet skiing, judo, karate, mountain biking up to grade 2 | Piste skiing, cross country skiing, sledging, tobogganing, skating, snow boarding |

### 3. Cover information

#### a. Coverage required

Please provide the required cover in the space provided.

| Section of cover | Benefit  | Yes | No | Sum insured required | Maximum not exceeding (USD) |
|------------------|--|-----|----|----------------------|-----------------------------|
| A                | Personal Accident  |     |    |                      | 40,000                      |
| B                | Emergency Medical Expenses & Emergency Medical Evacuation                    |     |    |                      | 1,000,000                   |
|                  | Emergency dental care  |     |    |                      | 800                         |
|                  | Repatriation of mortal remains   |     |    |                      |                             |
|                  | Repatriation of family member traveling with the participant                 |     |    |                      |                             |
|                  | Travel of one immediate family member  |     |    |                      |                             |
| C                | Loss of checked baggage  |     |    |                      | 5,000                       |
|                  | Delayed baggage \$50 per each 12-hour period of delay (in excess of 8 hours) |     |    |                      | 1,000                       |
| D                | Loss of baggage on trip  |     |    |                      | 5,000                       |
|                  | Loss of money (actual cash limited to USD 500)                               |     |    |                      |                             |
| E                | Personal Liability   |     |    |                      | 500,000                     |
| F                | Hijack \$50 per each 24-hr period of detention                               |     |    |                      | 5,000                       |
| G                | Escort of dependant child  |     |    |                      | 2,500                       |
| H                | Emergency return home following the death of a close family member           |     |    |                      | 3,000                       |
| I                | Delivery of medicines  |     |    |                      | 3,000                       |
| J                | Relay of urgent messages   |     |    |                      |                             |
| K                | Long distance medical information service                                    |     |    |                      |                             |
| L                | Medical referral/appointment of local medical specialist                     |     |    |                      |                             |
| M                | Connection service   |     |    |                      |                             |
| N                | Catastrophe  |     |    |                      | 3,000                       |
| O                | Loss of passport   |     |    |                      | 1,000                       |
| P                | Cancelation and curtailment  |     |    |                      | 5,000                       |
| Q                | Travel delay   |     |    |                      | 300                         |
| R                | Missed departure   |     |    |                      | 1,500                       |
| S                | Advance of bail bond   |     |    |                      | 15,000                      |
| T                | Legal expenses   |     |    |                      | 50,000                      |
| U                | Terrorism cover (cover for Section A & B only)                               |     |    |                      |                             |

**3. Cover information (continued)**

b. Claims experience for a minimum period of 5 years

| Month/Year | Insurer | Premium paid (AED) | Causes of loss | Incurred claims (Claims received + outstanding) (AED) |
|------------|---------|--------------------|----------------|---|
| I          |         |                    |                |   |
| II         |         |                    |                |   |
| III        |         |                    |                |   |
| IV         |         |                    |                |   |

c. Are you presently insured for Group Travel Insurance risk?

Yes  No

If Yes, please give details of insurer/insurers and indemnity limit: \_\_\_\_\_  
\_\_\_\_\_

d. In respect of Group Travel Insurance, has any insurer ever canceled or refused to renew your cover?

Yes  No

If Yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

## Declaration

**I/We hereby declare that the statements/information given by me/us in this Proposal are full, accurate and true. It is hereby understood and agreed that the statements, answers and particulars provided in this Proposal Form and as per the attachments are the basis on which the insurance policy is being issued/effected. If after the insurance policy is effected, it is found that any fact in the statements, answers or particulars in this Proposal Form is incorrect, untrue, inaccurate, misrepresented or non-disclosed in any material respect, ADNIC shall have no liability under the insurance policy and/or shall have the right to terminate the insurance policy from inception.**

Name of Proposer: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Stamp: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** Please note that each page of the proposal form should be signed by the Proposer or its legal representative.