

Group Travel Insurance

Proposal Form

ADNIC is a Public Joint Stock Company incorporated in the United Arab Emirates by Law No. (4) of 1972, and it is governed by the provisions of the UAE Federal Law No. (6) of 2007 "Establishment of the Insurance Authority & Organization of its Operations", with Registration No. (1).

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): _____

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/ Partners						
Dependent 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 the Proposal Form 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/effectuated. If after the insurance policy is effectuated, 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: _____

(Signature must be preceded by the handwritten words: Read & Approved)

Stamp: _____

Date: _____

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