FAMILY PROTECTION INSURANCE- PROPOSAL FORM

For more information, please contact our team at insurance@klapton.com or visit our website at **www.klapton.com**

Section 1: Applicant's Details	
1. Full Name:	
2. Date of Birth: You can purchase this cover if you are up to 64 years old	
3. Nationality:	
4. Residential Address:	
5. Phone Number:	
6. Email Address:	
7. Occupation:	
8. Marital Status:	

Section 2: Beneficiary's Details (To whom the monthly benefits will be paid in covered event):	
1. Name:	
2. Relationship to Applicant:	
3. Date of Birth:	
4. Nationality:	
5. Residential Address:	
6. Phone Number:	
7. Email Address:	

Section 3: Covered Events (Benefits are due and payable if one of the below incurs to the Insured)
K1: Accidental Death
K2: Permanent and Total (100%) Accidental Disability
K4: Death from Illness
K5: Permanent and Total (100%) Disability from Illness
K7: Extension: Death from Any Other Reason, other than Suicide by Insured

Options	Monthly Payment to the Beneficiary following Covered Events
1	USD 50
2	USD 100
3	USD 150
4	USD 200
5	USD 250

Length of Monthly Payment to the Beneficiary following Covered Event to the Insured:	
Option A:	**60 Months**
Option B:	**120 Months**
Option C:	**180 Months**

Section 4: Health and Lifestyle Information	
Do you have any pre-existing sickness and/or any other medical conditions?	☐ Yes ☐ No If yes, please provide details:
Do you use and/or consume tobacco products?	☐ Yes ☐ No
Did you undergo any major surgeries in the past five years?	☐ Yes ☐ No If yes, please provide details:
Do you currently take any prescription medication?	☐ Yes ☐ No If yes, please provide details:
Do you engage in any high-risk activities (Including extreme sports, aviation, etc.)?	☐ Yes ☐ No If yes, please provide details:
Do you work with hazardous materials?	☐ Yes ☐ No If yes, please provide details:
Do you suffer from any injury and/or disability?	☐ Yes ☐ No If yes, please provide details:

GENERAL DECLARATION

1. I know this insurance is done and placed with a foreign Insurer and I have checked the legality of the process. I know that I will not be entitled to local regulator assistance.

2. I declare my answers are full, correct and made in my own free will with no facts or material details omitted that may affect the risk assessment by the Insurer. It is agreed this application will be the basis for the quote and the potentially followed policy.

3. I know that all questions in this application are considered material information, and I do not know of any further information that may affect the Insurer's decision as to the cover, its scope and terms.

4. I know and agree that document will be issued in English. The fact that a document is in English, which may not be my mother tongue, will not be a basis for any claim by me towards the Insurer and the cover.

5. I know the insurance will become effective only after the Insurer has confirmed cover in writing, and only after the premium payment has been made. It is my sole duty to read and pay attention to the different conditions of the policy.

6. I declare that I have not been convicted of any criminal offense, other than traffic violation in the past 5 years.

7. I agree that the Policy shall become voidable at the discretion of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any detail and answer in this application, declaration and related documents, or if any material information has been withheld by me or anyone acting on my behalf to obtain any benefit under this Policy.

Name (duly authorised)

Designation

D	D	M	M	Y	Y	Y	Y

Signature

Date