

## K7 KEY PERSON INSURANCE- PROPOSAL FORM

For more information, please contact our team at [insurance@klapton.com](mailto:insurance@klapton.com) or visit our website at [Insurance | KIC - International Insurer & Reinsurer](#)

A. Proposed Policyholder (Employer) Details	
<b>1. Name of Covered Person</b>	
<b>2. Communication Address and Primary contact number</b>	
<b>3. Contact email address</b>	
<b>4. ID number</b>	
<b>5. Current position with the Employer (Title)</b>	
<b>6. Insurance Period</b>	From: _____ To: _____
<b>7. Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<b>Date of Birth:</b>

Details of Benefits payable to the Employer	Requested Sum Insured
In the event of death of the proposed Individual Insured	
In the event of total and permanent disability of the proposed Individual Insured	

Details of Beneficiary	
In the event of death or total and permanent disability of the proposed Individual Insured, all payable amounts under the proposed cover will be payable:	
To the Policyholder	<b>100%</b>
Or, if stated below, to the following Interest Noted Party up to the portion stated herein:	
Interest Noted Party name and address:	

B. Applicants' Declaration (Proposed Policyholder and Proposed Individual Insured)
<b>I authorize any medical practitioner, or any other person(s) concerned with providing healthcare, to provide LIC with any information that may be relevant to this cover.</b>

**GENERAL DECLARATION**

1. I know this insurance is executed and placed with a foreign Insurer and I have checked the legality of the process. I know that local regulator does not regulate foreign Insurers.
2. I declare my answers are full, correct and made under 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.
3. I know that all questions in this application are considered material information, and I do not know any further information that may affect the Insurers 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. Neither I nor the business proposed for insurance or any employee of mine or of the business proposed for insurance been convicted of any criminal offense, other than traffic violation in the past 5 years.
7. I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the personal statement, declaration and connected documents, or if any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

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Name (duly authorised)

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Designation

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Signature

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Date

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