

KIC Proposal Form for Crane Operators

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

Section 1: Personal Details	
1. Name of Covered Person	
2. Communication Address and Primary contact number	
3. Primary contact email address	
4. ID number	
5. Business or Occupation	
6. Insurance Period	From: _____ To: _____
7. Date of Birth:	
8. Emergency Contact Name and Relationship:	
9. Emergency Contact Number:	

Section 2: Employment Information	
A. Current Employer:	
B. Position:	Crane Operator
C. Years of Experience as a Crane Operator:	

Section 3: Health and Safety				
1. Do you have any pre-existing medical conditions? If "Yes", please provide details:	Yes		No	
2. Have you sustained any injuries or filed any claims for work-related accidents in the past five years? If "Yes", please provide details:	Yes		No	
3. Are you equipped with appropriate safety training and certification for crane operation?	Yes		No	

Section 4: Coverage Details	
1. Desired Coverage Level:	<input type="checkbox"/> K1: Death Due to Accident <input type="checkbox"/> K2: Permanent Accidental Disability <input type="checkbox"/> K3: Temporary Accidental Disability <input type="checkbox"/> EXTENSION: Medical Expenses Coverage
2. Beneficiary Information (In case of accidental death benefit):	
3. Relationship to Applicant:	

DECLARATION

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.

Name (duly authorised)	Designation								
Signature	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">D</td> <td style="width: 12.5%;">D</td> <td style="width: 12.5%;">M</td> <td style="width: 12.5%;">M</td> <td style="width: 12.5%;">Y</td> <td style="width: 12.5%;">Y</td> <td style="width: 12.5%;">Y</td> <td style="width: 12.5%;">Y</td> </tr> </table> Date	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		