



**St Helena  
Insurance  
Cell Captive**

*Underwritten on behalf of Guardrisk International Ltd*

**GROUP COVER FOR  
EMPLOYEES  
Application**

Name: .....

Postal Address: .....

Telephone: ..... Email: .....

Period of insurance from: ..... To midnight on: .....

Please list persons for whom cover is required

Name	Age next birthday	Occupation	Annual Wages/Salary
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

**COMPLETED MEDICAL CERTIFICATES IN THE APPROVED FORM FOR EACH PERSON NAMED ABOVE MUST BE SUBMITTED WITH THIS APPLICATION.**

Have you or any person for whom an application is being made, suffered injury, illness, accidents or made any claims which would be insured? If so, please provide details below.

Yes	
No	

---

---

---

---

---

---

---

---

---

---

I agree that this application will be the basis of the contract of insurance between me and the insurers - St Helena Insurance Cell Captive. The answers given are all true and correct. I have not omitted or concealed any information that the insurers need to assess the risk.

Dated at St Helena : ..... Signature .....