



# St Helena Insurance Cell Captive

Underwritten on behalf of Guardrisk International Ltd

# PERSONAL ACCIDENT INSURANCE Application

Name: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Period of insurance from: \_\_\_\_\_ to midnight on \_\_\_\_\_

Basis of Cover: Working risks only  24 hour cover

Please list persons for whom cover is required. The beneficiary column should be completed if the death benefit is insured and payment is required to be made to another person rather than the deceased estate. Please note there is no cover under the policy for persons under 15 years or who will reach 70 years of age in the period of insurance.

Name	Date of birth	Occupation	Relationship to applicant	Beneficiary's name
1.				
2.				
3.				
4.				

**Benefits required:**

Insured persons (named above)	Death amount payable	Permanent disablement amount payable	Temporary disablement – weekly amount payable
1.			
2.			
3.			
4.			

**Please answer the following questions for each of the insured persons named above:**

- Do they have defective vision or hearing or any physical or mental infirmity?  Yes  No
- Have they had an accident or made a claim for injury in the past five years?  Yes  No
- Have they ever been refused accident insurance or had special terms applied?  Yes  No
- Do any of them ride a motor cycle or intend to ride a motor cycle on a regular basis?  Yes  No
- Have they been charged or convicted with a criminal offence involving violence?  Yes  No
- Have they been charged or convicted with a criminal offence involving drink or drugs?  Yes  No
- Do they have any hobbies or pastimes that involve unusual risk of injury?  Yes  No

If the answers to any of the above questions are "yes" please provide details below:


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 \_\_\_\_\_