



**St Helena Insurance  
Cell Captive**

*Underwritten on behalf of Guardrisk International Ltd*

**PERSONAL ACCIDENT &  
DISABLEMENT  
INSURANCE  
Application**

Full Name: .....

Postal Address: .....

Telephone: ..... e-mail: .....

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

	Insured person No 1	Insured person No 2
<b>Person Insured</b>		
<b>Date of Birth</b>		
<b>Occupation</b>		
<b>Full name of Beneficiary</b>		
<b>Date of Birth of Beneficiary</b>		
<b>Sum Insured</b>		

Please provide details of any mental or physical infirmity, recurring disease, or condition, or an illness, or condition which is controlled by prescribed medication.


Please advise if this insurance is being effected in support of a loan provided. Yes  No

If so, please state name of loan provider .....

The acceptance age is up to 65 years old.

Cover cannot be provided for Scuba - Diving, handling of explosives and rock climbing.

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 .....