

QUALITY INSURANCE COMPANY

Quality House - Accra



☎ 050 717 5500

✉ headoffice@qicghana.com

PROPOSAL FOR GROUP PERSONAL ACCIDENT INSURANCE

FULL NAME OF PROPOSER:(MR./MRS./MISS.).....

ADDRESS:.....

OCCUPATION OR BUSINESS.....Tel No.:.....

Job Category.....

Has the Proposer ever suffered loss or injury accidentally?

If so, give details.....

Has any Insurance Company ever refused a Proposal from you or cancelled or refused to renew a policy?

If so, state name of Company concerned.....

Have you had same insurance with another Company?

If so, give details.....

Note: The information furnished in the replies to the above questions will constitute the basis of the insurance and will regulate the rate of the premium. The responsibility of the Company does not commence until the proposal is accepted and cover note issued on payment of the agreed premium.

Proposer's Signature.....

Date.....

