



## Insurance is the subject matter of solicitation

The liability of Gulf Insurance (Gulf) B.S.C (c) does not commence until the Proposal has been accepted and the Premium has been paid. Gulf Insurance (Gulf) B.S.C (c) reserves the right to ask for special terms or decline the Proposal. Please refer to the Policy Handbook for full terms, conditions & exclusions. A specimen copy of this Policy is available on request.

Please complete all relevant information completely and legibly.



## Details of Insured (As shown in the identification document)

First name:	Middle name:
Last name:	ID type:
ID no.:	Expiry date:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried
Date of birth: DD/MM/YYYY	Country of birth:
Nationality/ies:	Employer:
Nature of business:	Your nature of work:
Monthly income:	Business address:
Mobile no.:	Other contact no.:
E-mail:	



## Spouse Details

First name:	Middle name:
Last name:	ID type:
ID no.:	Expiry date:
Date of birth: DD/MM/YYYY	Nationality/ies:
Occupation:	



## Dependent children

1.	Relationship:	Age:
2.	Relationship:	Age:
3.	Relationship:	Age:
4.	Relationship:	Age:



## Name of beneficiary

1.	Relationship:	Age:	Benefit %:
2.	Relationship:	Age:	Benefit %:



## Plan and Coverage Options (Please tick as appropriate)

Plan	Individual	Family
Essential	<input type="checkbox"/>	<input type="checkbox"/>
Essential Plus	<input type="checkbox"/>	<input type="checkbox"/>
Preferred	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Plus	<input type="checkbox"/>	<input type="checkbox"/>
Basic Premium:	+ Additional Dependent Children x + Taxes or Fees = Total Premium	



## Declaration

I declare that each person to be insured: (A) is in good health and free from physical or mental defect or infirmity, (B) has not been declined, had renewal refused or special terms imposed for accident, sickness or life insurance, (C) has not received medical advice, or treatment, in connection with AIDS (Acquired Immuno Deficiency Syndrome) or an AIDS related condition or sexuality transmitted disease, (D) has not been told he/she has AIDS (Acquired Immuno Deficiency Syndrome) or and (AIDS related Complex), (E) has not been told he/she has a positive blood test to HIV (Human Immuno Deficiency Virus), (F) does not have any of the following which are unexpected fatigue, weight loss diarrhoea, enlarged lymphodes, or unusual skin lesions and (G) does not intend to seek medical advice, treatment or have any medical test performed. I hereby decalred that according to my knowledge and belief all the above statements are true and that I have not withheld any material information and I agree that this application shall be the basis of this policy between Gulf Insurance (Gulf) B.S.C (c) and myself. I have read the terms and conditions listed overleaf and agree to abide by them.

Other Policy numbers with GIG: PLEASE NOTE

1. Failure to disclose material facts which the Company would regard as likely to influence acceptance and assessment of the application could invalidate the Policy.
2. In case of any doubt about facts considered material then these facts should be disclosed clearly.

Name and Company of Insurance Agent:

Insurance Agent's Signature:

Country of Issue:

Applicant's Signature:

Application Date: