NAGICO INSURANCES

REQUEST FOR GROUP INSURANCE PROPOSAL

All questions contained in this questionnaire are strictly confidential
and will become a part of your Record.

To:

We (the Applicant) hereby request a Group Insurance Quotation as per the following details:

TYPE OF INSURANCE:	☐ Life ☐ Health	☐ ☐ Other

PROSPECT INFORMATION

Company Name:			
Address:			
Telephone No.	Fax No.	E-Mail	Mobile No.
Name of Manager/Contact Person			
Name of Subsidiary Companies to be included			
Nature of Business			
Type of Organisation	☐ Sole Proprietor	☐ Partnership	☐ Corporation
No. of Employees	No. of Eligible Employees	No. to be enrolled	
No. of Males	No. of Females		
Name of Plan Administrator			
Does Firm have existing coverage?	☐ Yes	☐ No	
Did Firm have coverage in the past?	☐ Yes, if Yes please state previous carrier	☐ No	
Previous Carrier			
Effective Date of existing Plan			
Renewal Date			
No. of Employees currently insured			
Proposed Effective Date of Plan will be the	day of	2015	
Contribution: Employee	Contribution: Employer		
Special Requirements			

Coverage Required		
Group Medical Insurance		
Comprehensive Major Medical Limit	☐ AFL 250K ☐ AFL 500K ☐ AFL 750K ☐ AFL 1M	☐ NAF 250K ☐ NAF 500K ☐ NAF 750K ☐ NAF 1M
Maximum	☐ AFL Lifetime	☐ NAF Lifetime
Deductible		
Comprehensive Major Medical Limit (only) ☐	☐ $250K ☐ $500K ☐ $750K ☐ $1M	☐ US$ 1M ☐ US$ 2M
Maximum	☐ EC Lifetime	☐ USD Lifetime
Deductible		
Dental Benefit ☐		
Maximum		
Deductible		
Vision Benefit ☐		
Maximum		
Deductible		

Are there any employees, dependants, or retirees presently disabled, not actively-at-work or confined to a hospital or similar facility? Yes ☐ No ☐ .
If yes, please provide complete details on a separate sheet

Please provide details of existing and/or on-going claims and/or any claims that exceeded $10,000 in the past 12 months or are expected to exceed that amount during the coming period?

Please provide details of claims (previous/on-going/expected) that fall under the following conditions:

Cardiovascular conditions	Organ Transplant	Premature infants	Cancer
Chronic respiratory conditions	Congenital defects	Cerebrovascular accidents (strokes)	Psychiatric/substance anuse
Acquired Immune Deficiency Syndrome (AIDS) and AIDS-related conditions	Accidents resulting in: amputation; brain injuries, burns, spinal cord injuries, paraplegia, quadriplegia.		

Group Life Insurance **The final rates for Group Life insurance are determined by the actual enrollment of employees in the plan.

All Employees	Classes of Employees
Fixed Amount	Percentage of Salary
X Annual Salary for Life Insurance	X Annual Salary for ADD Insurance

Special Requests

Signed at this day of 2015

For Employer

For Employer Representative

Title of Signatory Print Name

Representations and Warranties of the Applicant

We the Applicants hereby declare as follows:

i. The information provided by us in this request is true and correct in all substantive respects as of the date of this Application.

ii. To our knowledge , there is no action , proceeding or claim pending or , threatened which could impair our ability to establish the group plan.

iii. We agree to provide NAGICO with any information required for the purposes of timely and fair assessment of the risk.

iv. We agree that the information provided in this form by us shall the basis of the quotation

Signature of Administrator/Manager _____

Signature of Representative/Broker _____

FOR OFFICIAL USE ONLY	
Date Received:	

Documents provided on submission of Application

- ☐ Census Form
- ☐ Claims History/Experience
- ☐ Current Schedule of Benefit