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5.

| Description of Persons to be Insured and Benefits | Estimated No. | Estimated Total Annual Emoluments to be paid by Proposer | Benefits Required (as multiple/proportion of Annual Wages/Salaries) | | |
|--|---------------|--|--|-----------------------|--------------------------------------|
| | | | Occupation | Permanent Disablement | Temporary Total Disablement per Week |
| (a) Occupations listed under Class I | | | | | |
| (b) Occupations listed under Class II | | | | | |
| (c) All other employees (give full description of occupations) | | | | | |

CLASSIFICATION OF OCCUPATIONS

CLASS I

Professions and occupations such as Accountants, Architects, Auctioners, Auditors, Bankers, Civil Engineers, Clergyman, Clerks, Dentists, Lawyers, Merchants, Medical Practitioners, Pharmacists, Secretaries, Stockbrokers, Surgeons, Teachers.

CLASS II

Master Tradesmen, who do manual work only occasionally when superintending, Workmen, such as Builders, Commercial Travellers, Decorators, Farmers, Foremen, Grocers, Hairdressers, Painters, Plumbers, Salesmen, Tailors.

CLASS III

Master Tradesmen who work manually such as Bakers, Builders (not using woodworking machinery), Butchers, Carpenters (not using woodworking Machinery), Electrical Engineers, Farmers, Fishmongers, Licensed Victuallers, Motor or Mechanical Engineers, Painters, Plumbers, Radio and Television Engineers, Veterinary Surgeons.

6. Do you wish cover to be on (Please tick appropriate box)

- Occupational basis 24 hour basis Seychelles only Worldwide

7. If on 24 hour basis.

do you wish cover to include the following:

- a) AirTravel Yes No
 b) Riding Motor Cycles or Motor Scooters Yes No
 c) Skin Diving involving the aid of breathing apparatus? Yes No

Note: Please note that the following activities are excluded: Horses Riding, Driving or riding in any kind of Race or Competition
 Rock Climbing normally involving the use of ropes or guides, Mountaineering normally involving the use of ropes,
 Para gliding and other water sports

8. Is every person to be included in the insurance in good health and free from physical defect or infirmity? If not, please give full details of each case

9. Will any of the persons to be included in the insurance use machinery? Yes No

If so, full details should be given

10. Give particulars of any serious injuries sustained by employees during the last five years

I/We hereby propose to effect an insurance with the Company, and I/We agree that this Proposal and Declaration together with any other statement in writing made by me/us or the employees specified hereon and relating to his Insurance shall be the basis of the contract between me/us and the Company and that I am/we are willing to accept a Policy and be bound by all the terms provisos and conditions thereof and to pay the premium hereunder. I/We warrant the truth of all the statements on this Proposal form and agree to give notice to the Company of any variation in the trade or occupation health habits or pursuits known to me/us of the Employees specified hereon, and also of the effecting of other Group Accident or Workmen's compensation or employer's Liability Insurance in respect of the said employees.

Signature of Proposer

Date