

## LIFE INSURANCE APPLICATION FORM

Details of applicant	
First name	:
Father's name	:
Family name	:
Gender	: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth (dd/mm/yyyy)	: / / Nationality(ies):
Marital status	: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>
Full address of applicant	:
Telephone number(s)	: <i>fixed</i> <i>Mobile</i>
Occupation (please give full details including job title, employer's name and exact duties):	Class of Risk (reserved to the company)

Details of cover required and Sums Insured	
Currency	: Lebanese Pounds <input type="checkbox"/> US Dollars <input type="checkbox"/>
Amount	: Duration :
Death	:
Disablement Protection	Yes <input type="checkbox"/> No <input type="checkbox"/> :
Passive War Risks	Yes <input type="checkbox"/> No <input type="checkbox"/> :

### Beneficiary (ies) designation :

Questionnaire			
		Yes	No
Height (cm) :			
Weight (kgs) :	Has your Weight varied over the past 12 months ?		
1	- Have you any physical deformity? Are you in a good Health ?		
2	- Do you participate in any hazardous activities, private flying or motor racing ?		
3	- Do you fly other than as a fare-paying passenger on regular airlines?		
4	- Has any application on your Life ever been declined, deferred or accepted on special terms ?		
5	- Name and Address of your own doctor:		
6	- Are you now under medical observation or undergoing any medical treatment?		
7	- Have you ever suffered from any serious illness, disease, accident or injury?		
8	- Have you ever undergone any X-Ray, ECG or anysurgical operation ?		
9	- Have you any defect of hearing or of vision ?		
10	- Have you ever suffered rom any Nervous or Mental condition, Fainting episode, Blackout, Lit or Paralysis ?		
11	- Has any of your parents suffered from Diabetes, Nervous disorder, Asthma, Stroke or Heart disease ?		
12	- Have you ever suffered from high Blood Pressure, Heart Disease, Haemorrhoids, Varicose Veins, Rhumatic fever, Diabetes, Slipped Disc, spiral disorder, Hernia, Rhumatic or Arthritic condition?		
13	- Have you ever suffered from any Respiratory, Urinary, Allergic condition, or stomach or bowel disorders ?		
14	- What is your daily consumption of Alcohol? Cigarettes ?		
15	- When did you last consult a Doctor, and for what reason ?		
16	- Has any member of your family died before age 60 from Heart Disease or ever suffered from Pulmonary Tuberculosis, Diabetes, Mental disorder or Epilepsy ?		
17	- Please provide details of both previous and future travel plans such as Countries, Reasons, Accommodations...		

Please use the space below for details on any questions answered <u>Yes</u> above

**Declaration**

I, the Life to be assured consent to ASSUREX SAL seeking medical information from any doctor who at any time has attended me concerning anything which affects my physical or mental health or seeking information from any insurance company/broker/office to which an Application/Proposal has been made for insurance on my life and I authorize the giving of such information.

I, the Life to be Insured declare that the statements in this application form are true and I agree that this Proposal together with the statements made to the Medical Examiner shall form the basis of the Insurance Contract, in accordance with the Lebanese Code of Obligations and Contracts, Article 974, Paragraph 2.

**Signature:** \_\_\_\_\_ **Dated (dd/mm/yyyy):** \_\_\_\_\_