



EMPIRICAL
INSURANCE BROKERS INC.

Wise Financial Thinking for Life

PROPOSAL FORM: SPORTS GROUP PERSONAL ACCIDENT

THIS PROPOSAL FORM MUST BE COMPLETED IN FULL

Please read carefully the DECLARATION at the end of this Proposal Form which must be signed and dated by the Person to be insured.

Please note that non-disclosure of material information might jeopardize any claim in the future.

DETAILS OF PERSON TO BE INSURED

Name in full (state: Mr Mrs Miss): _____

Date of Birth: _____

National Registration Number: _____

Occupation: _____

Home Address: _____

Name of Employer: _____

Business Address: _____

Telephone Numbers: _____ Home _____ Business _____ Cell _____

Team/Sports Discipline: _____

Athlete/ Coach /Official: _____

Beneficiary: _____ Relationship _____

Please state if you currently suffer from any pre-existing medical conditions.
(This means any injury or sickness of which you are /player is aware (whether diagnosed or not) or for which you have sought medical treatment prior to the inception of the policy.

DECLARATION:

The undersigned declares that the statements and particulars made in this Proposal Form are true will form the basis of the contract between you and the Insurer. I declare, that apart from the matters declared on this Proposal Form, I am in good health and ordinarily enjoy good health. I consent to the Insurer seeking medical information from any doctor who has at any time attended to me concerning anything that affects my physical or mental health and seeking such information to which this proposal has been made for insurance on my life, I authorize the giving of such information.

Signature of the person to be insured (18+): _____

Signature of the Parent/ Guardian _____

*should the insured person be under eighteen years old

Dated: _____

THIS INSURANCE WILL NOT COMMENCE UNTIL THE PROPOSAL IS ACCEPTED BY THE COMPANY AND FULL PAYMENT IS REMITTED TO THE BARBADOS OLYMPIC ASSOCIATION.

For further information please contact:

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