



MONARCH INSURANCE COMPANY,

PERSONAL ACCIDENT PROPOSAL FORM (INDIVIDUAL)

Name of Proposer: _____

Mailing Address _____

Tel. No. (Office) _____ (Residence) _____

Mobile No. _____ Email Address: _____

Gender: Male Female

Date of Birth: _____

Age: _____

Occupation: (Please describe your exact duties): _____

Beneficiary: _____ Relationship: _____

Address: _____

Details of Insurance Required:

Type of Insurance	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
1. President PA	2M	1M	Nil	Nil	Nil	Nil
2. Keyman Plus	250K	500K	1M	2M	Nil	Nil
3. Premier	250K	500K	Nil	Nil	Nil	Nil
4. Family Personal Accident	200K	300K	400K	500K	1M	2M
5. Comprehensive PA	Depends on the occupation					

State choice of type of Insurance _____ Plan _____

Other Particulars:

1. Are you now insured? If "Yes", state company and amount.
2. Are you in good health free from physical defects and not under continous Medical Treatment and observation? If "No", please give details _____
3. Do you engage in any hazardous sports? If "Yes", what are they? _____
4. Have you sustained any accidents during the past 3 years? If "Yes", please give details. _____
5. How much is your average monthly earnings? _____

Declaration of Proposer

I hereby declare that the answers and statements given above are true and correct and I have not withheld any material information regarding the proposal. I further agree that the Proposal and Declaration shall be the basis of the Contract to be made between me and Monarch Insurance Co., Inc.

Date

Signature of Proposer

15/F Citibank Tower. 8741 Paseo de Roxas, Makati City, 1227 • Tel.: 848-0188 • Fax: 752-2200