



MONARCH INSURANCE COMPANY, INC.

TRAVEL PERSONAL ACCIDENT PROPOSAL FORM

Name of Proposer: _____

Mailing Address _____

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

Mobile No. _____ Email Address: _____

Gender: Male Female

Date of Birth: _____

Age: _____

Occupation: _____

Itinerary: _____

Period of Insurance: From _____ for _____ days

Details of Insurance Required:

Plan 1	P	100,000.00	<input type="checkbox"/>
Plan 2	P	250,000.00	<input type="checkbox"/>
Plan 3	P	500,000.00	<input type="checkbox"/>
Plan 4	P	750,000.00	<input type="checkbox"/>
Plan 5	P	1,000,000.00	<input type="checkbox"/>

Beneficiary: _____ Relationship: _____

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