

# Insurance Proposal Form

## Personal Details

Name	Jason Phillips
Date of Birth	1946-07-05
Gender	Male
Marital Status	Single
Mobile Number	+1-877-275-3145x6432
Email	jameslarson@example.com
ID/Passport	263-06-6943
Address	786 Brian Corner, West Davidmouth, OR 64368

## Policy Details

Policy Type	Vehicle
Option	Standard
Term (Years)	2
Sum Assured	KES 124770
Premium	KES 53783
Payment Frequency	Monthly

## Beneficiaries

Name	Relationship	DOB	% Share	Contact
Elizabeth Young	Sibling	1953-08-25	30%	9226024191
Robert Norman	Sibling	1911-11-03	30%	696.374.9032
Christina Robinson	Spouse	1939-09-25	20%	+1-891-239-7365x909

Signature: \_\_\_\_\_ Date: \_\_\_\_\_