



COCOLIFE Building, 6807 Ayala Avenue Makati City 1226
Tel. No. 8812-9015 * Fax No. 8812-9039*8812-9040

SPECIAL RISK EXCLUSION – TRADITIONAL LIFE AND HEALTH INSURANCE

ATTACHED TO AND MADE PART OF
POLICY CONTRACT NUMBER _____

This policy is issued by the Company and accepted by the Insured / Policyowner with the understanding that the liability of the Company under this Policy shall be limited to the return of the premiums paid on the Policy with no interest, less any indebtedness (including interest due or accrued) to the Company existing under this Policy, if the insured's death, or the diagnosis of a Major Health Condition or a Minor Health Condition as defined in the policy provisions, is a result of any injury sustained while participating/acting in any capacity as _____

This Special Risk Exclusion shall apply _____
(duration of exclusion period)



JOSEMARI ALFONSO G. AQUINO
Head for Operations

This Endorsement has been read and conformed to by the Insured / Policyowner.

INSURED / POLICYOWNER