**Domestic Help Insurance – Policy schedule**

**Policy Number: {{PolicyNo}}**

**Sponsor Name: {{InsuredName}}**

|  |  |  |  |
| --- | --- | --- | --- |
| **Domestic Worker – {{WorkerCount}}** | | | |
| Name: | {{Name}} | Sex: | {{ SEX }} |
| Date of Birth: | {{DOB}} | Nationality: | {{Nationality}} |
| CPR Number: | {{CPR}} | Passport Number: | {{Passport}} |
| Occupation: | {{Occupation}} | Address: | {{Address}} |

Is the insured a Domestic Worker or employed under a business? {{EmployedUnder}}

Do any of the person(s) to be insured have any physical defect, infirmity, abnormality or medical condition? (Yes/No)

|  |  |  |  |
| --- | --- | --- | --- |
| **Policy Details** | | | |
| Start Date: | {{PolicyStartDate}} | Expiry Date: | {{PolicyExpiryDate}} |
| Sum Insured (BD): | {{SumInsured}} | Premium: | {{ Premium}} |

**Important Notice**

This Policy Schedule contains a summary of cover only. For full Terms, Conditions and Exclusions please refer

to the Policy Terms and conditions. All material facts must be disclosed and failure to do so will invalidate this

policy.

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