



UNITED INSURANCE CO. (NEPAL) LTD.

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An ISO Certified Co.



ISO 9001:2008

PROPOSAL for Group cum Family Hospitalization Insurance Policy

Name of Proposer in full (*In block Capital*)

Address: Phone No.

Age Yrs, Height Ft., Weight Kg, Occupation/Business:

1.	Give the list of the member of your family? If yes, give name/age (not below 6 & not over 60)/relation/amount to be insured and occupation	Details List Attached 1. 2. 3. 4.			
2.	Is there any Group Personal Accident Insurance covering you and your family? If yes, give policy particulars.	Yes / No			
3.	Has any proposal for GPA/Hospitalization Insurance of you or your family been cancelled by any insurer? If yes, give name insurer	Yes / No			
4.	Are any circumstances connected with you and your family which would render this proposal more than usual hazardous? If yes, give particulars.	Yes / No			
5.	For what sum you want to insure? (<i>Please tick mark on A or B or C or D</i>)	A 25,000	B 50,000	C 75,000	D 100,000
6.	Have you ever lodged any claim or have taken claim amount? If yes, give details	Yes / No			
7.	Are you suffering from any chronic (pre-existing) disease? If yes, give details and if not in knowledge, future symptoms shown by any doctor will be accepted.	Yes / No			
8.	Give name as your official nominee to whom company can officially communicate.	Name Address Phone			
9.	Give the period of insurance	12 months from to			

I/We declare that the above answers are true to the best of my/our knowledge and belief, and I/We have disclosed all particulars affecting the assessment of the risk. I/We agree that this proposal and Health declaration of the family members shall be the basis of the contract between me/us and the company. I will accept any liabilities for any faults proved against above declaration.

Date:

Place:

Signature

- N.B.: 1. If insufficient space above for any answer, please continue on separate sheet and attach hereto.
2. Liability of the company does not commence until acceptance of the proposal has been intimated by the company.