

## **Group Life Proposal Form**

### **Data required**

1- Name/Address/Telephone No. of the organization/ Company

2- Nature of Business

3- Total No. of the employees with their names, ages, and occupation in the following census sheet attached herewith.

5- Holding of previous cover \* Yes                      \* No                      (if yes)

a- Name of the insurance company

b- Last three years claim experience

5- Contact person

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

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

[illegible]