

IV. Personal Accident

Item	Name of person to be insured	Date of birth	Occupation	Benefits required (US\$)		
				Death	Permanent disablement	Medical expenses

(Tick Applicable) Provide details if "YES"

Is each person to be insured in good health and free from any physical or mental defect or infirmity? No Yes

Is any to be insured not exposed to any special risk or hazard not otherwise disclosed in this form? No Yes

Signature of Proposer **Date** ____/____/____ **Time** ____AM/PM
Name of Agent/ Underwriter **Signature**

I/we agree that this proposal shall be the basis of the contract between me/us and AFC Insurance Company. I/we declare that the statements made in this proposal are true and correct to the best of my/our knowledge and belief and I/we agree to accept and abide by the AFC Insurance Company's form of policy for the risks now proposed.