



STATE INSURANCE COMPANY LIMITED

Live in a better State of mind

Redcliffe Street P.O. Box 290 St. John's Antigua. W.I.
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Addendum to Application for Life/Medical Insurance

COVID-19 Form

1. **PROPOSED INSURED** ☐ Mr. ☐ Mrs. ☐ Miss ☐ Dr. ☐ Other _____

(a) Name _____
Last First Initial

(b) Address _____

(c) Telephone _____ (d) Date of Birth _____
Day Month Year

(e) Attained age _____ (f) Sex ☐ Male ☐ Female (g) Place of birth _____

2. **COVID-19 EXPOSURE HISTORY OF INSURED**

(a) Have you been previously tested or treated for COVID-19? ☐ Yes ☐ No

(b) Have you recently been in close contact with or cared for anyone who has tested positive for COVID-19? ☐ Yes ☐ No

(c) Have you or any member of your household traveled by cruise ship within the last thirty (30) days? ☐ Yes ☐ No

(d) Have you experienced any cold or flu-like symptoms in the last fourteen (14) days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? ☐ Yes ☐ No

Dated at _____ this _____ day of _____ 20____

Signed: _____
Proposed Insured

Witnessed: _____

Signed: _____
Applicant, (if other than Proposed Insured)