



STATE INSURANCE
COMPANY LIMITED

Live in a better State of mind

Redcliffe Street, P.O. Box 290, St. John's, Antigua. W.I.
(268) 481-7800/1/2/3/4 • info@siclfinancial.com • siclfinancial.com

PERSONAL ACCIDENT INSURANCE
STUDENT PROPOSAL FORM

Policy Number: Sum Insured:

1. Name of Proposer.....Age

(i) Occupation.....ID Number

(ii) Address.....

(iii) Telephone.....Employer

2. Period of Coverage From.....To

3. Are you in good state of health and free from physical and mental defects or infirmity to the best of your knowledge and belief? Yes.....No

If not please give details.

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4. Give Particulars of all accidents which you have suffered during the last three years.

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5. Next of Kin

Name.....Contact.....

Declaration

All Statements in this application is true and completed to the best of my knowledge and belief and shall form part of my contract wit State Insurance Company Ltd.

Signature:Date/...../.....

Place.....