



# Traders Insurance Company

Ground Floor Alexander Building, Beach Road, San Jose Village  
P.O. Box 502473, Saipan, MP 96950  
Tel: (670) 234-7788/7789/7798/7799 Fax: (670) 234-8899

## PERSONAL ACCIDENT INSURANCE APPLICATION FORM

This application form is to be completed by the APPLICANT. All questions should be answered fully and accurately.

Signing of this application does not bind company to offer nor the applicant to accept insurance. But it is agreed that this application shall be the basis of any insurance issued. No inference should be made however from the inclusion of any question in this application that the subject matter to which that question relates will be covered under the policy. The policy terms are only as stated in the policy which should be read carefully. Attention is drawn to the applicant obligations at law to disclose all material facts which would affect the issuance of the proposed insurance.

NAME OF APPLICANT :	_____		
BIRTH DATE :	HEIGHT :	WEIGHT :	GENDER : Male Female
CIVIL STATUS :	OCCUPATION :	ANNUAL INCOME :	
HOME ADDRESS :	TELEPHONE NO. /FAX NO. :		
EMPLOYER :	NATURE OF BUSINESS :		
BUSINESS ADDRESS :	TELEPHONE NO./FAX NO. :		
BENEFICIARY :	RELATIONSHIP / BIRTH DATE :		
	_____		
	_____		
	_____		

PLEASE ANSWER THE FOLLOWING QUESTIONS WITH EITHER A YES OR NO IF ANSWER IS YES PLS. GIVE DETAILS.	YES	NO
1. Do you have accident, hospitalization or life insurance in this or any other company? _____		
2. Have you ever had any life, accident or sickness insurance declined, cancelled, issued other than as applied for or renewal refused? _____		
3. Have you ever applied for or received indemnity for any injury or sickness? _____		
4. Do you engage in any hazardous sport? _____		
5. Do you engage in aeronautics or contemplate any special journey or hazardous undertaking? _____		
6. Have you ever been treated for or been told that you have heart disease, epilepsy, syphilis, HIV, AIDS, disease of the kidneys, diabetes, injury to or disease of the spine or sacro-iliac joint, mental or nervous disorder? _____		
7. During the past five years, have you ever been disabled, confined in a hospital, or given medical or surgical treatment or advice? _____		
8. Do you have any deformity, impairment or hearing, vision or speech, or loss of hand, foot, vision, hearing or speech? _____		
9. Are you holding any elective public office? _____		
10. Do you operate or ride on any two-wheeled motor vehicle? _____		

### DECLARATION

I/We hereby apply for insurance against risks as set out in the Company's "Personal Accident" Policy and I/We hereby declare that the above particulars and answers are true and complete in every respect and that no material fact has been suppressed or withheld, and I/we agree that this proposal and declarations shall be the basis of the contract between myself/ourselves and the Company, and I/we further agree to accept a Policy subject to the usual conditions prescribed by the Company, and endorsed on its Policy, and to pay the first premium there under when called upon to do so.

Signature of Applicant : \_\_\_\_\_

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