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

STUDENT 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 STUDENT : ______________________ DATE OF BIRTH : __________ AGE : ______

BENEFICIARY : ______________________ RELATIONSHIP : ______________________

______________________ ______________________

MAILING ADDRESS : ______________________ TEL./FAX NO. : ______________________

NAME OF SCHOOL : ______________________ TEL./FAX NO. : ______________________

MAILING ADDRESS : ______________________ POLICY PERIOD : ______________________

Coverage Plan (Check one)

24-Hour Cover - $15.00
Provides accident insurance protection 24 hours a day for one school year from the day of the regular school year until the last day of the regular school year, anywhere in the world, in or out of school, including while flying as a passenger on commercial flights.

School-Time Only - $9.00
Provides accident insurance protection for one school year from the day of the regular school year until the last day of the regular school year while traveling to and from school (maximum two hours either way), while attending classes on school premises, and while participating or attending as a spectator in any school-sponsored activity inside or outside school premises under the direct supervision of the proper school authority.

Benefits/Premium Schedule

- Accidental Death, Dismemberment, Loss of Sight, Hearing or Speech Indemnity — $6,000 Principal Sum
- Accident Medical Expense Benefit — $2,000 Maximum Amount
- Accident Burial Expense Benefit — $1,000 Maximum Amount

PLEASE ANSWER THE FOLLOWING QUESTIONS WITH EITHER YES OR NO IF ANSWER IS YES PLS. GIVE DETAILS. **YES** **NO**

1. Does the person to be covered has existing accident, hospitalization or life insurance from other Insurance Company?

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2. Does He/She has been declined for application for accident or sickness insurance or have been refused for renewal?

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3. Does the person to be covered has been treated for or been told that He/She 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?

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4. Does He/She has any deformity, impairment or hearing, vision or speech, or loss of hand, foot, vision, hearing or speech?

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DECLARATION

I/We hereby apply for insurance against risks as set out in the Company's " Student Accident Insurance " 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 ______________________ ______________________

Applicant / Authorized Representative Date