

GROUP LAST EXPENSE APPLICATION

Please fill in attached application form in full (BLOCK letters) and answer all questions

Policy Number:

Commencement date:

NAME OF COMPANY/GROUP: PIN NO:

PROPOSER'S POSTAL ADDRESS: POSTAL CODE:

TELEPHONE NUMBER: MOBILE NUMBER:

EMAIL ADDRESS:

OCCUPATION: YEAR GROUP/CORPORATE WAS REGISTERED

NUMBER OF MEMBERS COVERED ON INCEPTION OF SCHEME:

TOTAL NUMBER OF: MAIN MEMBER SPOUSE CHILDREN

PARENTS PARENTS-IN-LAW

BENEFIT LIMITS KSHS TOTAL AMOUNT OF PREMIUM KSHS

Scheme Contacts	Name	Mobile Contact	Email
Intermediary			

Have you ever proposed for a Group last expense cover before? Yes: No:

If so give detailed information on _____

The Company/Group agrees to submit a schedule of all its members to Britam General Insurance company ltd. A report must also be made of all new members joining the scheme after commencement date.

Please note that no insurance will be effective until:

1. Application has been approved and accepted by the Company.
2. Premium has been paid to Britam General Insurance Company

HEALTH AND GENERAL DECLARATION

We declare that the particulars, information and documents provided herewith are true and accurate to the best of our knowledge. We agree that this declaration shall form the basis of the insurance contract. We further agree to abide by the policy terms, exceptions, conditions and any endorsements and amendments thereon and that we have not withheld any material information.

We also declare and confirm that we shall at all times provide schedule of members who to the best of our knowledge are of good health and shall not at any time expose the insurers to an obvious risk.

Name:

Designation:

Signature:

Date: _____