



RF&G LIFE INSURANCE COMPANY LTD

Gordon House

One Coney Drive, P.O. Box 1762, Belize City, Belize

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Email: info@rfglife.com . www.rfglife.com

PERSONAL ACCIDENT APPLICATION FORM

Section I. Insured's Personal information

Insured's Name: (First, Middle, Last) _____

Home Address: _____

Date of Birth: ____/____/____ Sex: Male ____ Female ____ Marital Status: _____
dd mm yr

Nationality: _____ Occupation: _____ Employer: _____

Soc Sec #: _____ or Passport No: _____ Email Address: _____

Height: _____ Weight: _____ Phone No: _____ Cell No: _____ Work No: _____

Are you a resident of Belize? Yes No Are you a citizen of Belize? Yes No

Are you a citizen of any other country other than Belize? Yes No If yes, please state which country: _____

Sum Insured: _____ Annual Premium: _____

Section II. Employer's Information *(applicable to group insurance only)*

Name of Employer: _____ Nature of Business: _____

Address of Employer: _____

Email Address: _____ Phone No: _____ Fax No: _____

Name of Authorized Personnel: _____ Company's Stamp: _____

Section III. Beneficiary Information

1. Name: (First, Middle, Last) _____

Home Address: _____

Date of Birth: ____/____/____ Sex: Male ____ Female ____
dd mm yr

Phone No: _____ Cell No: _____ Relationship to Insured: _____

Email: _____ Percentage: _____

2. Name: (First, Middle, Last) _____

Home Address: _____

Date of Birth: ____/____/____ Sex: Male ____ Female ____
dd mm yr

Phone No: _____ Cell No: _____ Relationship to Insured: _____

Email: _____ Percentage: _____

