



RF&G LIFE INSURANCE COMPANY Ltd.

PART A – APPLICATION FOR LIFE INSURANCE TO

Section 1

Proposed Insured

Name: _____ (state maiden name if insured is a married woman)

Date of Birth: _____ Day/Month/Year Age nearest: _____ Place of Birth: _____

Gender: _____ Marital Status: _____ Occupation: _____ Name of Employer: _____

Duties: (state exact nature of duties) _____ Years employed: _____

Business Address: _____

Home Address: _____ Years there: _____

Mailing Address: _____

Email Address: _____

Section 2

Applicant (if other than Proposed Insured)

Name: _____ (State maiden name if insured is a married woman)

Relationship to Insured: _____

Date of Birth: _____ Day/Month/Year Age nearest: _____ Place of Birth: _____

Gender: _____ Marital Status: _____ Occupation: _____ Name of Employer: _____

Duties: (state exact nature of duties) _____ Years employed: _____

Business Address: _____

Home Address: _____ Years there: _____

Mailing Address: _____

Email Address: _____

Section 3

Plan Type: _____ Coverage Amount: _____ Amount paid with application: _____

Rider: Accidental Death/Dismemberment: Total and Permanent Disability:

Waver of Premium: Waver of Charges:

Mode of Payment: yearly: ½ yearly: quarterly: Monthly (salary deduction/post dated cheques only):

Payment method: Cash: Salary Deduction: Government salary deduction:

Postdated Cheque: Bank Remittance: Credit Card Authorization:

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 _____

Section 4

Beneficiary Name in Full: _____ Relationship to Insured: _____

Address: _____ Contact Number: _____

Section 5

To be answered by the proposed insured. If any of these questions are answered “Yes”, give complete details.

	INSURED		DETAILS
	Yes	No	
A. Have you or do you intend to engage in hand gliding, parachuting, Vehicle racing, skin or scuba diving or any other hazardous sport or hobby?	<input type="checkbox"/>	<input type="checkbox"/>	
B. Have you or do you intend to fly other than as a passenger? (i) Over the last 6 months have you done more than 50 sets of Flying as a passenger?	<input type="checkbox"/>	<input type="checkbox"/>	
C. Do you have any other applications pending or contemplated with this or any other company? (If yes, name the company and amount applied for).	<input type="checkbox"/>	<input type="checkbox"/>	
D. Have you ever applied for insurance which was declined, postponed, not Taken, issued with exclusion, modified or rated in any way? (If yes, name of company and amount applied for).	<input type="checkbox"/>	<input type="checkbox"/>	
E. Do you smoke cigarettes, cigarillos, cigars or a pipe? (If yes, indicate how many per day of each).	<input type="checkbox"/>	<input type="checkbox"/>	
F. Have you ever been a cigarette smoker in the past? (If yes, indicate how many cigarettes per day, and when and why you quit).	<input type="checkbox"/>	<input type="checkbox"/>	
G. Have you ever been told to quit cigarette smoking for Medical reasons? (Give details and name of physicians).	<input type="checkbox"/>	<input type="checkbox"/>	

Section 6

Existing and Pending Insurance

Life insurance in Force and Pending with All Companies on Proposed Insured, including Business Insurance named in any of the following Sections 1, 2 (if none, insert "NONE").

Name of Insured/Applicant	Company	Type of coverage	Face Amount	Accidental Death	Critical illness covers	Year Issued	Information Yes/No

Section 7

AUTHORIZATION

I hereby authorize any licensed Physician, Medical Practitioner, Hospital, Clinic or any other medically related facility, Insurance Companies, Medical information Bureau or any other organization, institution or person that has any records or knowledge of my health, to give RF&G Life Insurance Company Limited or its Reinsurers any such information. I further consent to undergo an Electrocardiogram, X-ray, Blood test (for Diabetes, AIDS, etc.) or any other test considered necessary by RF&G Life Insurance Company Limited or its Reinsurers. I additionally authorize RF&G Life Insurance Company Limited or its Reinsurers to obtain a Consumer Report containing personal information and financial information in connection with this application. I also authorize RF&G Life Insurance Company Limited or Reinsurers to provide other insurance companies with data on my life from their files. To facilitate rapid presentation of all such information, I authorize all the above mentioned sources, to give such records or knowledge to any agency employed by RF&G Life Insurance Company Limited to collect and transit such information. A photocopy of this authorization shall be as valid as the original. I have read the conditional insurance agreement and understand it.

Dated at _____ this _____ day of _____, year _____

Witness (Agent) _____

Signature of Proposed Insured

Witness (Agent) _____

Signature of Application/Owner
(If other than Proposed Insured)
Show title of officer signing for firm

Section 8

DECLARATION

I/we, the undersigned, do hereby declare that the above-written particulars are fully and truly stated; and I do hereby agree that this declaration shall be basis of the contract between me/us and RF&G LIFE INSURANCE COMPANY LIMITED, and that, if any untrue statement has been made, or information necessary to be made known to the Company has been withheld in Part 1 and/or Part 2 of the Application and Declaration the Assurance shall be absolutely null and void; and that my acceptance of any Policy issued by reason of the Application and Declaration shall constitute ratification of any corrections and amendments made by the Company and noted in the space "Corrections and Amendments" (in Section 9). I hereby confirm that all expenses for medical and laboratory requirements requested by RF&G Life Insurance Company Limited will be fully paid by me if I choose not to accept the term and conditions of the approved coverage. Also, I am aware and agree that an Administration Fee is payable by me if I choose not to accept the terms and conditions of the approved coverage.

Dated: _____

Signature of Applicant/Owner
(if other than Proposed Insured)

Signature of Proposed Insured

Witness (Agent)

AGENTS REPORT

1. What is the marital status of: Married
 Single
 Widower/Widow
 Common Law
 Separated
 Divorced
- How long have you known the Proposed Insured?

Home: _____
Phone No: _____
Office: _____
2. Purpose of Insurance: _____
3. Did you personally interview the life to be insured and complete application in his or her presence? Yes No
4. (a) What is the income of the life to be insured? Annual Income Monthly Income

5. Will the policy applied for:
- (a) Replace any existing insurance in force or lapsed within 2 years with this Company? Yes No _____ Policy Number(s)
- (b) Replace any existing insurance in force or lapsed with another Company? Yes No **DETAILS:**
- (c) Be assigned Yes No

FOR USE ON APPLICANTS OF ALL AGES:

Additional information which may help in Underwriting this Risk:

I hereby certify that to the best of my knowledge, all the statements and answers on the application for Insurance are true.

Date

Place

Agent (No _____)

Approved by: _____
Manager