

Tatil

• TRINIDAD & TOBAGO INSURANCE LIMITED
 • TATIL LIFE ASSURANCE LIMITED
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POLICY NO. _____



LIFE POLICY APPLICATION - PART 1
 (FOR CHILDREN AGE 15 AND UNDER)

1. OWNER (Print full name): _____ PREVIOUS NAMES: _____

MAILING ADDRESS: _____

RESIDENCE ADDRESS: _____

2. PROPOSED INSURED: _____ PREVIOUS NAMES: _____

RELATIONSHIP TO OWNER: _____

RESIDENCE ADDRESS: _____

3. BENEFICIARY: _____

4. DETAILS OF BENEFICIARIES:

FULL NAME	DATE OF BIRTH	ADDRESS

5. COVERAGE REQUESTED EFFECTIVE DATE: _____ SUM INSURED

BASIC PLAN: _____ PAR NON PAR \$ _____

RIDERS/BENEFITS

_____ \$ _____

_____ \$ _____

WAIVER OF PREMIUM ON DEATH OR DISABILITY OF PAYOR FOR _____ YEARS

PREMIUM PAID	FREQUENCY	METHOD OF PAYMENT (IF MONTHLY)
\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> H <input type="checkbox"/> Q <input type="checkbox"/> M	<input type="checkbox"/> SALARY <input type="checkbox"/> BANK <input type="checkbox"/> POST DATED CHEQUES

	COUNTRY OF BIRTH	DATE OF BIRTH			AGE NEXT BIRTHDAY	SEX	MARITAL STATUS
		DAY	MONTH	YEAR			
OWNER					MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED	
CHILD					MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		

QUESTIONS 8-10 APPLY TO THE PROPOSED INSURED

INSURANCE HISTORY	CHILD	FATHER	MOTHER	NUMBER OF OTHER CHILDREN?: _____
AGE				
TOTAL INSURANCE INFORCE	\$ _____	\$ _____	\$ _____	\$ _____

9. WAS THE PROPOSED INSURED BORN PREMATURELY OR WITH A CONGENITAL DISORDER?

YES NO

IF YES, STATE PARTICULARS

10. HAS THE CHILD	YES	NO	IF YES, STATE PARTICULARS
(A) (i) EVER USED MARIJUANA, COCAINE, AMPHETAMINES, BARBITURATES, HALLUCINOGENIC AGENTS, HEROIN, (OR OTHER DERIVATIVES OF OPIUM) OTHER THAN ON A PRESCRIPTION BASIS?	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) EVER USED ALCOHOL OR BEEN TREATED OR COUNSELLED FOR USE OF ALCOHOL OR DRUGS?	<input type="checkbox"/>	<input type="checkbox"/>	
(B) (i) SMOKED CIGARETTES WITHIN THE PAST 12 MONTHS?	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) IF CURRENTLY SMOKING STATE THE NUMBER OF CIGARETTES SMOKED PER DAY:			
(C) (i) EVER TRAVELLED ON A MOTORCYCLE OR ENGAGED IN SCUBA DIVING, AUTOMOBILE OR MOTORCYCLE RACING, BOXING, WRESTLING OR OTHER HAZARDOUS SPORTS?	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) ANY INTENTION OF DOING SO IN THE FUTURE?	<input type="checkbox"/>	<input type="checkbox"/>	
(D) (i) EVER FLOWN OTHER THAN AS A FARE PAYING PASSENGER ON A REGULAR SCHEDULED AIRLINE?	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) ANY INTENTION OF DOING SO IN THE FUTURE?	<input type="checkbox"/>	<input type="checkbox"/>	
(E) ANY INTENTION OF CHANGING HIS/HER COUNTRY OF RESIDENCE?	<input type="checkbox"/>	<input type="checkbox"/>	
(F) ANY APPLICATION FOR INSURANCE PENDING WITH THIS OR ANOTHER COMPANY?	<input type="checkbox"/>	<input type="checkbox"/>	
(G) EVER HAD A POLICY ON HIS/HER LIFE LAPSED OR SURRENDERED?	<input type="checkbox"/>	<input type="checkbox"/>	
(H) EVER HAD AN APPLICATION FOR INSURANCE, CHANGE OR REINSTATEMENT DECLINED, POSTPONED, RATED OR MODIFIED IN ANY WAY?	<input type="checkbox"/>	<input type="checkbox"/>	
(I) EVER APPLIED FOR OR RECEIVED A DISABILITY BENEFIT, OR COMPENSATION FOR ACCIDENT, ILLNESS OR INJURY?	<input type="checkbox"/>	<input type="checkbox"/>	

QUESTIONS 11-13 APPLY TO THE OWNER IF THE PAYOR'S WAIVER OF PREMIUM HAS BEEN APPLIED FOR:

11. OCCUPATION

JOB TITLE AND EXACT DUTIES:

HOW LONG EMPLOYED? ANY CHANGE IN OCCUPATION CONTEMPLATED?

EMPLOYER'S NAME AND ADDRESS:

YOUR OFFICE ADDRESS, IF DIFFERENT:

PART-TIME OCCUPATION:

12. OTHER LIFE INSURANCE IN FORCE:

YEAR ISSUED	COMPANY	SUM INSURED	ACCIDENTAL DEATH BENEFIT	ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

AGENT'S REPORT

17. PREMIUM CALCULATION (for Cashbuilder show minimum modal premium only).

Planned Periodic Premium: \$ _____

AGE:	PREMIUM		DISABILITY WAIVER	
	Annual	Modal	Annual	Modal
Basic Plan	\$	\$		
Policy Fee	\$	\$		
Riders/Benefits	\$	\$		
	\$	\$		
	\$	\$		
SUB TOTAL				
TOTAL	cols. (2) + (4) \$	cols. (3) + (5) \$		

18. (A) HOW LONG AND HOW WELL HAVE YOU KNOWN THE PROPOSED INSURED?

- (B) HOW LONG AND HOW WELL HAVE YOU KNOWN THE OWNER?

- (C) REASON FOR INSURANCE

- (D) YOUR ESTIMATE OF THE OWNER'S ANNUAL INCOME (SHOW EMPLOYMENT INCOME AND INCOME FROM OTHER SOURCES SEPARATELY) AND NET WORTH

GIVE FULL DETAILS

19. (A) ARE YOU AWARE OF ANYTHING CONCERNING THE PAST OR PRESENT HEALTH, HABITS, CHARACTER OR OCCUPATION OF THE PROPOSED INSURED OR THE OWNER WHICH MIGHT AFFECT HIS OR HER INSURABILITY?

- (B) WAS AN AUTHORIZED EXAMINER USED? IF NOT EXPLAIN

- (C) HAS THERE BEEN OR WILL THERE BE ANY CHANGE IN EXISTING INSURANCE OR ANNUITY OR WILL PREMIUMS FOR THIS POLICY BE PAID BY A POLICY LOAN?

- (D) DID YOU SEE THE CHILD WHEN THE APPLICATION WAS COMPLETED?

- (E) DOES THIS APPLICATION CONFORM WITH THE COMPANY'S GENERAL RULES FOR LIFE INSURANCE FOR CHILDREN? IF NOT EXPLAIN.

	YES	NO	GIVE FULL DETAILS
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

20. (A) HOW WAS BUSINESS OBTAINED?

- REFERRED LEAD
 COLD CALL
 APPLICANT'S REQUEST
 AGENT'S INITIATIVE

(B) ADDITIONAL INFORMATION WHICH MAY HELP IN UNDERWRITING THIS RISK

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I hereby certify that I solicited and secured this proposal and I know of nothing against the risk which is not fully disclosed in these papers, and I unreservedly recommend him/her for life insurance.

Date Agent's Signature No.: