## 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	R (Print full name):							PREVIO	OUS NAMES:	***************************************	nad con shi biburriy birna tuani ki sah vi natur va nabawa
	MAILIN	G ADDRESS:		**********************		************						e en ann en calvos sis erre ar én trouve arie et utilisée de seus se
	RESIDE	NCE ADDRESS:	····	***************************************					) <u>} } } }</u>	***************************************	***************************************	***************************************
2.	PROPO	SED INSURED:	************************	******					PREVIO	OUS NAMES:	,	***************************************
	RELATI	ONSHIP TO OWNER:	······································	·····								***************************************
	RESIDE	ENCE ADDRESS:				************						00 H535000011
		ICIARY:										
4.	DETAIL	S OF BENEFICIARIES:									:	
		FULL NAM	iΕ			DAT	TE OF BIRTH			A[	DDRESS	
								E	FFECTIVE DA	ATE:		
5.	COVEF	RAGE REQUESTED									SUM	NSURED
	BASIC	PLAN:	***************************************		******************************				🗌 РА	AR NON P	'AR \$	
	RIDER	S/BENEFITS										
			***************************************				***************************************	***************************************		***************************************	\$	
				***************************************							\$	
		WAIVER OF PREMIUM C	N DEATH	OR DIS	ABILITY (	F PA	YOR FOR	***************************************	YEARS			
		PREMIUM PAID		EDE	QUENCY				ME	THOD OF BAY	MENT (IF MONTHL	<u> </u>
6.		THEMICKITAD									WEITT (IT WOTTTIE	'/
	\$		Y	F	1 🔲	Q	М		SALARY	BANK	POST DAT	ED CHEQUES
7.						T						
		COUNTRY OF BIRTH	DAY	MONTH			AGE NEXT BIRTHDAY	-	SEX		MARITAL STATU	us
								MAI	LE 🗆	SINGLE	☐ MARRIED	☐ WIDOWED
0	WNER							FEN	MALE	SEPARATE	D DIVORCED	
C	HILD						:	MAI	LE			
Ŭ	11120											
QL	JESTIO	NS 8-10 APPLY TO THE P	ROPOSEI	D INSUR	ED							
		INSURANCE HISTORY	СНІ	LD	FATHE	R	мотн	ER	NUMB	ER OF OTHER (	CHILDREN?:	
	-	AGE										
		TOTAL INSURANCE INFORCE	\$		\$		\$		\$			

9.	WAS THE PRO	POSED INSURED BORN PREMATURELY O	R WITH A CONGI	ENITAL	DISO	RDER? YES	NO
	IF YES, STATE	PARTICULARS					
10.	HAS THE CHILD	)		YES	NO	IF YES, ST	ATE PARTICULARS
<b>(A</b> )	BARBITUR	MARIJUANA, COCAINE, AMPHETAMINE ATES, HALLUCINOGENIC AGENTS, HEROII ES OF OPIUM) OTHER THAN ON A PRESC	N, (OR OTHER				
		ALCOHOL OR BEEN TREATED OR COUNS	SELLED FOR				
<b>(</b> B)	(i) SMOKED C	IGARETTES WITHIN THE PAST 12 MONTH	IS?				
	• •	ITLY SMOKING STATE THE NUMBER OF C PER DAY:	CIGARETTES				
(C)	DIVING, AL	/ELLED ON A MOTORCYCLE OR ENGAGED JTOMOBILE OR MOTORCYCLE RACING, B G OR OTHER HAZARDOUS SPORTS?					
	(ii) ANY INTEN	TION OF DOING SO IN THE FUTURE?	,				
(D)		VN OTHER THAN AS A FARE PAYING PAS R SCHEDULED AIRLINE?	SSENGER ON				
	(ii) ANY INTEN	ITION OF DOING SO IN THE FUTURE?					
(E)	ANY INTENTIO	ON OF CHANGING HIS/HER COUNTRY OF I	RESIDENCE?			1	
(F)	ANY APPLICATION ANOTHER CO	TION FOR INSURANCE PENDING WITH TH MPANY?	IS OR				
(G	EVER HAD A	POLICY ON HIS/HER LIFE LAPSED OR SUR	RENDERED?				
(H)		APPLICATION FOR INSURANCE, CHANGINT DECLINED, POSTPONED, RATED OR MO					
(1)		FOR OR RECEIVED A DISABILITY BENEFIT ON FOR ACCIDENT, ILLNESS OR INJURY?	, OR				
Q	UESTIONS 11-13	APPLY TO THE OWNER IF THE PAYOR'S	WAIVER OF PREM	иим н	IAS BE	EEN APPLIED FOR:	
11.	OCCUPATION						
	JOB TITLE AND	EXACT DUTIES:					
	HOW LONG EMP	PLOYED? ANY C	HANGE IN OCCU	PATIO	N CON	NTEMPLATED?	
	EMPLOYER'S NA	AME AND ADDRESS:					
	YOUR OFFICE A	DDRESS, IF DIFFERENT:					
	PART-TIME OCC	CUPATION:					
12.	OTHER LIFE IN	SURANCE IN FORCE:					
	EAR ISSUED	COMPANY	SUM INS	URED		ACCIDENTAL DEATH BENEFIT	ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT
L			\$		\$	<b>5</b>	\$
			\$		\$		\$
			s		ŝ	5	s

13.	HAVE YOU:	YE	s	NO	IF YES, STATE PARTICULARS
(A)	ANY APPLICATION FOR INSURANCE PENDING WITH THIS OR AND COMPANY OR DO YOU INTEND TO REPLACE EXISTING INSURANCE WITH THIS POLICY?				
(B)	EVER HAD AN APPLICATION FOR INSURANCE, CHANGE OR REINSTATEMENT DECLINED, POSTPONED, RATED OR MODIFIED IN ANY WAY?				
(C)	EVER APPLIED FOR OR RECEIVED A DISABILITY BENEFIT, PENSION COMPENSATION FOR ACCIDENT, ILLNESS OR INJURY?	N OR			
(D)	EVER USED OR TRAVELLED ON A MOTORCYCLE?				
(E)	EVER ENGAGED IN SCUBA DIVING, AUTOMOBILE OR MOTORCYCI RACING, BOXING, WRESTLING OR OTHER HAZARDOUS SPORTS DO YOU INTEND TO DO SO IN THE FUTURE?				
(F)	EVER FLOWN OTHER THAN AS A FARE PAYING PASSENGER ON A REGULAR SCHEDULED AIRLINE OR DO YOU INTEND TO DO SO IN FUTURE?				
	EVER USED MARIJUANA, COCAINE, AMPHETAMINES, BARBITURA HALLUCINOGENIC AGENTS, HEROIN, (OR OTHER DERIVATIVES OF DPIUM) OTHER THAN ON A PRESCRIPTION BASIS OR BEEN TREAT DR COUNSELLED FOR USE OF ALCOHOL OR DRUGS?				
	SMOKED CIGARETTES WITHIN THE PAST 12 MONTHS? IF YES ST THE NUMBER SMOKED PER DAY:				
• • •	HOW OFTEN DO YOU CONSUME ALCOHOLIC BEVERAGES AND HOW OFTEN DO YOU CONSUMED ON EACH OCCASSION?				
l he	DECLARATION  reby certify that to the best of my knowledge and belief all ements and answers contained in Parts 1 and 2 of this application	e. Acc	ept	ance appro	by me of any policy issued on this application shall oval by me of the provisions of the policy.
a. Ti of i appl	ull, complete and true, and expressly agree as follows:  ne application and the statements and answers in any declaration neurability or questionnaire completed in connection with this ication shall be the basis of the policy contract.	signed compa	aç ny	greem may	as applied for or as amended in accordance with my ent has been issued but not accepted by me, the deduct all its costs incidental to the issuing from any ght be refundable to me in the circumstances.
influ failu	Ill material facts which the company would consider likely to ence the acceptance of the application have been disclosed and re of the policyowner or proposed Insured to disclose any material may result in the avoidance of the contract.	applica	tio	n for any p	is the power on behalf of the company to modify any insurance or the policy, or to bind the company by promise or representation or by giving or receiving.
	ony fact about which the policyowner or proposed insured is offul whether it is material should be disclosed.	secure	le	oans	change the beneficiary, to assign the policy, and to and guaranteed values without the consent of the reserved to the owner, subject, however, to any
and the	ne policy applied for shall not take effect until it has been delivered the first premium paid, no material change having taken place in health of the owner or the proposed insured between the date of application and delivery of the policy.	statuto	ry Au	restric utoma	
	Signature of Witness	Date			Signature of Owner
16	CONSENT OF PARENT/LEGAL GUARDIAN				
10.					

## **AGENT'S REPORT**

		MIONI OALOC	JLATION (for Cashbuilder sho	w minimon modal pro-	mani Omy,	Planned Periodic Premiun	·····				
	(1	)	(2)	(3)		(4)					
ACE:			PI	REMIUM		DISABI	LITY WAIVER				
	A	GE:	Annual	Modal		Annual	Modal				
Bas	ic Pla	an	\$	s							
Poli	cy Fe	ee	\$	\$							
Ride	ers/B	enefits	\$	\$							
			\$	\$							
			\$	\$							
SUE	3 TO	TAL									
тот	ΓAL		cols. (2) + (4) \$	cols. (3) + (5) \$							
8.	(A)		AND HOW WELL HAVE YOU	KNOWN THE		GIVE FU	LL DETAILS				
		PROPOSED I		IZAIONA'ALTEIE	-						
	(B)	OWNER?	AND HOW WELL HAVE YOU	KNOWN THE	]						
	(C)	REASON FO	R INSURANCE								
	(D)	<b>EMPLOYME</b>	MATE OF THE OWNER'S ANN NTINCOME AND INCOME FRO Y) AND NET WORTH								
					YES NO	YES NO GIVE FULL DETAILS					
9.		PRESENT HE	VARE OF ANYTHING CONCER PALTH, HABITS, CHARACTER SED INSURED OR THE OWNE OR HER INSURABILITY?	OR OCCUPATION OF							
	(B)	WAS AN AU	THORIZED EXAMINER USED?	IF NOT EXPLAIN							
	• •	EXISTING IN	BEEN OR WILL THERE BE AN' SURANCE OR ANNUITY OR V BE PAID BY A POLICY LOAN	VILL PREMIUMS FOR		_					
	(D)	DID YOU SE	ETHE CHILD WHEN THE APP	LICATION WAS							
		DOES THIS APPLICATION CONFORM WITH THE COMPANY'S GENERAL RULES FOR LIFE INSURANCE FOR CHILDREN? IF NOT EXPLAIN.									
0.	(A)	HOW WAS I	BUSINESS OBTAINED?								
		REFERE	FERRED LEAD COLD CALL APPLICANT'S REQUEST AGENT'S INITIATIVE								
	(B) ADDITIONAL INFORMATION WHICH MAY HELP IN UNDERWRITING THIS RISK										
	_		solicited and secured this pro								