



LIFE APPLICATION FORM

A- DETAILS OF THE INSURANCE APPLICANT/THE POLICY HOLDER:

POLICY HOLDER:-----		
INSURED (First, Middle, Last. Include maiden name in parentheses.):-----		
DATE OF BIRTH(D/M/Y):-----	MARITAL STATUS:-----	GENDER:-----
PLACE OF BIRTH:-----		
RESIDENCE: -----		
NATIONALITY (IES):-----		
ID / PASSPORT NUMBER:-----		

FULL RESIDENCE ADDRESS (IN THE COUNTRY OF BUSINESS):	
FLOOR:-----	BLDG:-----
STREET:-----	AREA:-----
CITY:-----	P. O. BOX:-----
TELEPHONE(S): -----	EMAIL: -----

BUSINESS INFORMATION:
OCCUPATION (INCLUDE DUTIES IN DETAILS):-----
ANNUAL INCOME:-----
INDUSTRY:-----
FULL BUSINESS ADDRESS:-----

MAILING ADDRESS (Choose one) :

Business Address

Residence address (In the country of business)

DATE

POLICYHOLDER'S SIGNATURE

DO YOU, FOR ANY REASON, PLAN ON SPENDING ANY TIME OUT OF COUNTRY OF RESIDENCE (IN THE COUNTRY OF BUSINESS), NOW OR IN THE FUTURE, OTHER THAN FOR RECREATION / HOLIDAY?

IF YES PLEASE GIVE FULL DETAILS (COUNTRY NAME, RAISON, FREQUENCY, DURATION) :-----

DATE

POLICYHOLDER'S SIGNATURE

B- DETAILS OF THE BENEFICIARIES:

BENEFICIARY(IES): NAME	RELATIONSHIP	PERCENTAGE
-----	-----	-----%
-----	-----	-----%
-----	-----	-----%

C-PLAN INFORMATION:

PLAN: -----

SUM ASSURED: ----- CURRENCY:-----

MODE OF PAYMENT(Yearly, semi-annually, quarterly, monthly): -----

BASIC COVER: Death (Due to sickness or accident).

OTHER ADDITIONAL COVERS:-----

D-GENERAL QUESTIONS:

OTHER LIFE INSURANCE POLICIES: (DATE, SUM ASSURED, COMPANY)

DO YOU ENGAGE IN A HAZARDOUS HOBBY? (IF YES, PLEASE GIVE DETAILS)

YES NO

HAVE YOU USED/DO YOU USE DRUGS / ALCOHOL? (IF YES, PLEASE GIVE DETAILS)

YES NO

DO YOU SMOKE? (IF YES, PLEASE GIVE DETAILS)

YES NO

CIGARETTES / CIGARS / A PIPE / OTHER:-----

HOW MANY PER DAY:----- HOW MANY YEARS HAVE YOU BEEN SMOKING:-----

DATE

POLICYHOLDER'S SIGNATURE

E-QUESTIONS REGARDING YOUR STATE OF HEALTH:

Are you generally in good health? -----	Height: ----- cm	weight: ----- kg
When did you last consult a doctor? And for what reason? ----- -----		

	YES	NO
1. Have you any congenital defects?		
2. Are you now or have you been under treatment or taking medication for any condition or disease?		
3. Have you ever		
a. Had any surgical operations?		
b. Been in any hospital, sanitarium, or other institution for observation, rest, diagnosis or treatment?		
c. Used barbiturates or amphetamines, marijuana or other hallucinatory drugs, or heroin, opiates or other narcotics except as prescribed by a doctor, or been treated or counselled for alcoholism?		
d. Had an application for life insurance declined, postponed, modified, rated-up or withdrawn?		
4. Have you ever suffered from or had investigations for any blood disorder, or received either a blood transfusions or blood products?		
5. Have you ever suffered from, or had investigations for Hepatitis B or Aids?		
6. Have you ever been treated by any doctor for or, had any known indication of any disease or disorder of:		
a. High blood pressure?		
b. Chest pain, pressure or discomfort?		
c. Heart murmur or rheumatic fever?		
d. Asthma, emphysema, or tuberculosis?		
e. Tumour, cancer, diabetes, or syphilis?		
f. Nervous trouble, epilepsy, or any mental disorder?		
g. Heart, arteries, or veins?		
h. Lungs, chest, or throat?		
i. Brain or nervous system?		
j. Liver, gallbladder, stomach, intestines, or rectum?		
k. Kidneys, bladder, genital organs, or urinary tract?		
l. Spine, joints, skull, or other bones?		
m. Blood, glands, or skin?		
n. Ears, eyes, nose, or sinuses?		
o. Discal Hernias, Hernia?		
7. Other than as disclosed in the answers to the preceding questions have you, within the past 5 years ever		
a. Consulted or been attended by or been examined by any doctor?		
b. Had any electrocardiograms, X-rays for treatment or diagnostic purposes, or any blood, urine, or other medical tests?		
c. Do you have any known indication of any other physical disorder or abnormality?		

If you have answered positively to any of the questions above, please specify:
Question #, Details (Dates of treatments, names and addresses of doctors and hospitals, results, etc.)

I, the undersigned, declare and warrant that this personal statement is complete and true and also I agree that this statement (with other related documents) shall be the basis of the proposed contract of assurance according to the Lebanese law for contracts and obligations namely article 974. I hereby authorise the company to request from any doctor or hospital, any information related to my health, and I also authorise the said doctor or hospital to give those information to the company.

PLACE/ DATE

INSURED'S SIGNATURE