

Personal Accident Insurance Proposal

| | | | |
|--------------------------------------|---------------------|----------------------------|------------|
| Proposer's Name | | | |
| | | | |
| Mailing Address (including Postcode) | | | |
| | | | |
| Home Phone | Work Phone | Cell | Email |
| | | | |
| Height | Weight | Date of Birth (MM/DD/YYYY) | Occupation |
| | | | |
| Employer's Name | Name of Beneficiary | Policy Period (MM/DD/YYYY) | |
| | | from: | to: |

General Questions

| | Yes | No |
|--|--------------------------|--------------------------|
| 1. Is your sight or hearing impaired? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have any physical infirmities or defects? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever suffered from paralysis, fainting spells or had a fit? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you suffered from heart trouble, diabetes, arthritis, rheumatic fever, hernia, spine or back trouble or other recurrent disease or injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do your duties at work involve: | | |
| (a) lifting or moving heavy goods | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) working at heights | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) working with specialized equipment | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) variable working hours | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) other hazardous activities | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had an accident while performing the above duties? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you participate in any sports, hobbies or pastimes which are of a hazardous nature? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has any accident insurance company ever declined a Proposal from you, cancelled, declined to renew your policy or imposed special conditions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever made a claim or claims against any accident insurance company? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have any other policies with the Argus Insurance Company Limited? | <input type="checkbox"/> | <input type="checkbox"/> |

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If you have answered "Yes" to any of the above questions, please provide relevant details and information in the space below.

Benefits

| Select the benefits and amounts of insurance below: | Sum Insured |
|--|-------------|
| 1. Death | \$ |
| 2. Permanent Disablement | \$ |
| 3. Permanent Total Disablement: which prevents the Insured from attending to any business or occupation. | \$ |
| 4. Total Disablement: which prevents the Insured from engaging in his usual occupation. | \$ |
| 5. Medical Expenses | \$ |

Declaration

Please read the following carefully as the information given by you forms the basis of the contract with Argus Insurance Company Ltd (the "Company"). Any misrepresentation or non-disclosure or failure to disclose any material fact may result in the avoidance of the policy. All material facts must be disclosed. A material fact is one that is likely to influence the Company in the assessment and acceptance of any Application. If you are in any doubt as to whether a fact is material, it must be disclosed here. Please give details below.

THE COMPANY RESERVES THE RIGHT TO DECLINE ANY PROPOSAL OR TO IMPOSE SPECIAL TERMS.

I DECLARE that, to the best of my knowledge and belief, the information given in this Proposal, which I have read over and checked, is true and complete.

I AGREE and ACKNOWLEDGE that this application forms the basis of the contract between me and the Company. I have withheld no information material to the application whether it is the subject of a specific question or not. I agree to accept and conform with the terms of the policy.

I hereby authorize the Company to collect and use my personal data with (1) other members of the Argus Group of companies for the purpose of improving customer service, developing new product and marketing; and (2) with those service providers contracted by the Argus Group of companies for the sole purpose of administering those products, pensions or policies that affect me.

I hereby authorize the Company to forward relevant documentation to the email address I have supplied.

Signature of Proposer

Signature of Agent Underwriter

Date (MM/DD/YYYY)