



ISO/IEC 27001:2022 & ISO/IEC 27701:2019 Certified Company

SPORTS INSURANCE
[An Elite Athlete Cover]

PROPOSAL FORM

PROPOSER NO:		AGENCY CODE:	
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PROPOSER DETAILS

Name of Person or Entity: (Mr./Ms./Mrs./Entity):			
Correspondence Address:			
Country where Business is operated (Applicable for Entity):			
Permanent Address:			
Mobile Number:		Telephone Number:	
Email:		Website:	
Date of Birth (For Persons)/Incorporation Date (Applicable for Entity):			
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>			
Nationality:			
Proof of Identity: Citizenship Card <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Trade License <input type="checkbox"/>			

POLICY DETAILS

Type of Policy Period:	Annual <input type="checkbox"/>	Short-Term Period <input type="checkbox"/>
Proposed Policy Period Start Date:		Proposed Policy Period End Date:
Details of the Sports:	Example: Football	
Cover Type:	Individual <input type="checkbox"/>	Group <input type="checkbox"/>

Note 1: If Cover Type = Group then, please attach a separate list of the members to be insured in the following format. Use the Attachment 1

Sl. No.	Name	Nationality	Identification No.	Gender	D.O.B.	Age	Role



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Bhutan Insurance Limited
Providing Security, Building Confidence

Your insurer of
CHOICE

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DETAILS TO BE FILLED

1. Are the members proposed to be insured in good health and free from physical and mental disease infirmity?

Please mention the SL No & Disease:

2. Is any of the member proposed to be insured suffering from any illness or disease? If yes, please provide the details below:
Disease(s) : E.g. Cancer/ Tumor, Coronary Artery Heart disease, Insulin Dependent Diabetes, Paralysis/ Stroke, Congenital Disease, HIV/ AIDS/ STD, Liver Disease, Kidney Disease, Thalassemia Major, Other (Please Specify)

Please mention the SL No & Disease:

3. Has anyone been diagnosed/hospitalized or under any treatment for any illness/injury in the past? If yes, please provide the details below:

Please mention the SL no. & specify:

4. Have you ever claimed under any SPORTS policy? If yes, please provide the details below:

Please mention the SL no. & amount:



Declaration

- A.** I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and / or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
- B.** I understand that the information provided by me will form the basis of the insurance policy, is subject to the underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable unless arranged differently.
- C.** I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured / proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- D.** I declare that I consent to the company seeking medical information from any doctor or hospital who / which at any time has attended on the person to be insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured / proposer and seeking information from any Insurer to whom an application for insurance on the person to be insured / proposer has been made for the purpose of underwriting the proposal and / or claim settlement.
- E.** I authorize the company to share information pertaining to my proposal including the medical records of the Insured/ Proposer for the sole purpose of underwriting the proposal and / or claims settlement and with any Governmental and / or Regulatory authority.

Signature of the Proposer:

Date:

Place:.....

