

LIVELIHOOD PROTECTION POLICY

ENROLLMENT FORM

(To be completed by Client and Insured)

Client Details

Form No: _____

(a) First Name: _____

Middle Name: _____

Last Name: _____

(b) Home Address: _____

(c) Mailing Address: _____ Occupation: _____

(d) Date of Birth: ____/____/____
(DD/MM/YY)

(e) Gender: Male Female

(f) Social Security Number: _____ Picture Identification No: _____

(g) Mobile No: _____ Home No: _____ Email Address: _____

(h) Next of Kin: _____ Mobile/Tel No: _____

(i) Address of Next of Kin: _____

(j) Bank/Credit Union Name: _____ Account Number: _____
(Where funds should be sent in the event of a payout)

Coverage Details (please tick district to be insured)

North: Gros Islet Castries Anse La Raye Canaries Dennery
South: Soufriere Choiseul Laborie Vieux Fort Micoud

(b) Amount of Cover Required: *(Please Select below). Premium per Slice of EC\$1,000.00 coverage is EC\$80.00*

Coverage			District Insured		Total Coverage (EC\$)	Total Premium Payable (EC\$)
Slice	Value(EC\$)	Premium (EC\$)	North	South		
1	\$1,000.00	\$80.00				
2	\$2,000.00	\$160.00				
3	\$3,000.00	\$240.00				
4	\$4,000.00	\$320.00				
5	\$5,000.00	\$400.00				
6	\$6,000.00	\$480.00				
7	\$7,000.00	\$560.00				
8	\$8,000.00	\$640.00				
9	\$9,000.00	\$720.00				
10	\$10,000.00	\$800.00				
Total						

Signature of the Client: _____ Date: ____/____/____ (DD/MM/YY)

I declare that to my knowledge and belief the answers and particulars given in this form, whether by me or on my behalf are true and complete, that I have not withheld any material information. I agree that this form and declaration shall be the basis of the contract between me and EC Global Insurance Company Limited whose policy terms and conditions I accept.

Institution Details

(a) Name of Institution/ Association: _____

(b) Address: _____

(c) Customer Service Rep.: _____ Policy Start Date: ____/____/____ (DD/MM/YY)
Name & Signature

Authorized Signature and Stamp: _____ Date: ____/____/____ (DD/MM/YY)
Livelihood Protection Policy is underwritten by EC Global Insurance Company Limited

Supported by:



based on a decision of the Parliament of the Federal Republic of Germany

