

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