

## 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*

Slice	Coverage		District Insured		Total Coverage (EC\$)	Total Premium Payable (EC\$)
	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				
<b>Total</b>						

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*