

C: SCHEDULE OF PERSONS TO BE INSURED

Schedule "A" to be completed only if insurance is required for fixed benefits.

Benefits - State amounts to be insured under each heading

| Names of person to be insured (Mr/Mrs/Miss in Block Letters please). Medical or, if persons Expenses are to be defined by Limit category, description of each category and number of persons | Occupation | Death | Permanent Total Disablement | Temporary Total Disablement (upto 104 weeks) | Medical Expenses Limit |
|---|------------|-------|-----------------------------|--|------------------------|
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Schedule "B" to be completed only if insurance is required for multiples or proportions of annual earnings.

Benefits - State multiple or proportion of annual earnings to be insured under each heading

| Description of categories / occupations of persons to be insured | Estimated number of persons | Estimated total annual earnings | Death | Permanent Total Disablement | Temporary Total Disablement (per week) | Medical Expenses Limit |
|--|-----------------------------|---------------------------------|-------|-----------------------------|--|------------------------|
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OPTIONAL EXTENSION

Political Violence and Terrorism cover (additional premium required)

Yes No

D: DECLARATION

(Please read carefully before signing)

I/We declare and warrant that the above statements are true and complete to the best of My/Our knowledge and belief, and I/We agree that this proposal shall be the basis of the contract between Me/Us and the Resolution Insurance Company Limited. I/We agree to accept a policy in the Company's usual form of this class of insurance.

Signing this proposal form does not bind the proposer or underwriter to accept this insurance.

Executed at this

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

AUTHORIZED SIGNATORY

| |
|-------------|
| Name |
| Designation |
| Signature |
| Date |

OFFICIAL STAMP

For Official Use

Premium to be charged

| | |
|-------------------|--|
| Basic Premium | |
| Extension Premium | |
| Training Levy | |
| PCF | |
| Stamp Duty | |
| Total | |

Full Name of Agent/Broker

Account Manager

Telephone Number

| | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Code | | | Number | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Mobile Number

| | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Code | | | Number | | | | | | |
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Agent/Broker

| | |
|--------------------|-------------------------|
| Name: | Telephone: |
|--------------------|-------------------------|

TABLE OF PERMANENT DISABILITIES

Description of Permanent Disablement and percentage of maximum benefits payable under benefit No. 2 of the schedule

| Description of Permanent Disablement | % of maximum benefits payable | Description of Permanent Disablement | % of maximum benefits payable |
|--|-------------------------------|---|-------------------------------|
| Loss of two limbs | 100% | Loss of ring finger three phalanges | 5% |
| Loss of both hands or of all fingers and both thumbs | 100% | two phalanges | 4% |
| Total loss of sight of both eyes | 100% | one phalanx | 2% |
| Total Paralysis | 100% | Loss of little finger three phalanges | 4% |
| Injury resulting in being permanently bedridden | 100% | two phalanges | 3% |
| Any other injury causing permanent total disablement .. | 100% | one phalanx | 2% |
| Loss of arm at shoulder | 100% | Loss metal first or second (additional) | 3% |
| between elbow and shoulder | 100% | third, fourth or fifth (additional) . | 2% |
| at elbow | 100% | Loss of Leg at hip | 100% |
| between wrist and elbow | 100% | between knee and hip | 100% |
| Loss of hand at wrist | 100% | below knee | 100% |
| Loss of fingers in one hand four fingers and thumb | 50% | Loss of toes all | 15% |
| four fingers | 40% | great, both phalanges | 5% |
| Loss of thumb both phalanges | 25% | great, one phalanx | 2% |
| one phalanx | 10% | Other than great toe, if more than one, two lost each | 1% |
| Loss of index finger three phalanges | 10% | Loss of sight Whole Eye | 100% |
| two phalanges | 8% | Sight of | 100% |
| one phalanx | 4% | Loss of sight except perception of light | 50% |
| Loss of middle finger three phalanges | 6% | Loss of sight except perception of lens of | 50% |
| two phalanges | 4% | Loss of hearing both ears | 75% |
| one phalanx | 2% | one ear | 15% |



RESOLUTION INSURANCE COMPANY LIMITED

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Protecting what *you* value