

Comprehensive Risk Coverage Insurance Form

1. Policyholder Information

Full Name

Date of Birth

Address

City

State/Province

Contact Number

Email Address

2. Coverage Details

Coverage Type

Select

Sum Insured

Coverage Period

Description of Risks Covered

3. Beneficiary Information

Beneficiary Name

Relationship

4. Declaration



I hereby declare that the information provided is true and correct to the best of my knowledge.

5. Signature

Signature

Date

Important Notes

- Ensure all required information is filled accurately to avoid delays in processing the policy.
- Read the policy terms and conditions thoroughly before signing.
- This coverage may have exclusions and limitations; consult your provider for details.
- The form must be signed and dated by the applicant.
- Retain a copy of the completed form for your records.