



## **UNITED INDIA INSURANCE Company Limited**

Head Office: 25, WHITES ROAD, CHENNAI – 600 001

### **PROPOSAL FORM FOR STUDENT SAFETY INSURANCE**

1. Name of the Institution: \_\_\_\_\_  
(in Block letters)
2. Address: \_\_\_\_\_
3. Number of Students as on date: \_\_\_\_\_  
Discipline: \_\_\_\_\_
4. Period of Insurance: \_\_\_\_\_
5. Limit of Compensation : \_\_\_\_\_  
Selected for any one year
  - a) for any one student: \_\_\_\_\_
  - b) for any one accident: \_\_\_\_\_
  - c) for any one year: \_\_\_\_\_

I declare that the above answers are true to the best of our knowledge and belief that we have disclosed all the particulars effecting the assessment of the risk. We agree that the proposal and declaration shall be the basis of the contract between us and the company. Further, it is also declared that proper attendance register is being maintained throughout giving the names of all the students studying in the school.

Date: \_\_\_\_\_

\_\_\_\_\_

Place: \_\_\_\_\_

Signature of the proposer