

Monogram  
Name of the Insurance Company/corporation  
Address  
Contact:

**PROPOSAL FORM OF BANGABANDHU SPORTSMEN'S  
COMPREHENSIVE INSURANCE POLICY**

Name of the proposer (in full) \_\_\_\_\_  
Postal Address \_\_\_\_\_ Town \_\_\_\_\_  
Telephone \_\_\_\_\_

Period of Insurance: From \_\_\_\_\_ To \_\_\_\_\_

Occupation of the Insured \_\_\_\_\_ Age of proposer \_\_\_\_\_  
and nature of play \_\_\_\_\_

Are you in good health and free from any physical defect or infirmity?  YES  NO

If NO, give details \_\_\_\_\_

Do you suffer from any organic functional disorder or weakness of any kind?  YES  NO

If YES, give details \_\_\_\_\_

Have you suffered any loss in respect of the risk now proposed in the last 5 years?  YES  NO

If YES, give particulars including the amount paid \_\_\_\_\_

Has any insurance company, or underwriter ever, in respect of the risks to which this proposal applies:

a) Declined to insure you?  YES  NO

b) Refused to renew your policy?  YES  NO

c) Imposed special terms to insure you?  YES  NO

If YES, give details \_\_\_\_\_

LIMITS OF COVER REQUIRED			
	Section I	Section II	Section III
	Own Injury	Sports Liability	Loss of Equipment
Standard Cover	BDT 1,00,000.00	BDT 50,000.00	BDT 10,000.00

Do you want any wider cover, then put the sum insured

_____	_____	_____	_____
-------	-------	-------	-------

**DECLARATION**

I/We hereby declare that the above information is correct and I/We agree that this proposal shall be the basis of contract.

Date of proposal \_\_\_\_\_ Signature and stamp of proposer \_\_\_\_\_

(NB: Age limit of this insurance: Age 14 to 40 Years)