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PERSONAL ACCIDENT RENEWAL APPLICATION

ANSWER ALL QUESTIONS

BROKER INFORMATION

Insured Person Date of original policy application Address Broker/Agent/Consultant Contact name and telephone no. Are the statements and particulars contained in the original Application Form, signed by you, still true on the date you signed this Renewal Application? Are you currently free of injury and actively employed? Have you had medical or surgical advice, or treatment for any aliment, since the application date shown above? Policy Number Current Salary \$ Current Salary \$ Current Salary \$ Are the statements and particulars one, explain in detail: yes no, explain in detail: yes, explain in detail: Have you had medical or surgical advice, or treatment for any aliment, since the application date shown above?				1
Date of original policy application Address Broker/Agent/Consultant Contact name and telephone no. Are the statements and particulars contained in the original Application Form, signed by you, still true on the date you signed this Renewal Application? Are you currently free of injury and actively employed? Have you had medical or surgical advice, or treatment for any ailment, since the application date shown above? Have your travel habits changed since the original application Current Salary \$ Current Salary \$ Aurent Salary \$ no, explain in detail:	Insured Person			Policy Number
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surgical advice, or treatment for any ailment, since the application date shown above? Have your travel habits changed since the original application Description:		□ yes	□ no, explain in detail:	
surgical advice, or treatment for any ailment, since the application date shown above? Have your travel habits changed since the original application Description:				
since the original application	surgical advice, or treatment for any ailment, since the	□ no	□ yes, explain in d	letail:
	since the original application	no	□ yes, explain in detail:	
Do you engage in any hazardous recreational activities (such as skydiving, operating an aircraft, glider or balloon, scuba-diving, automobile, motorcycle or boat racing etc) which are not indicated in your original application?	recreational activities (such as sky- diving, operating an aircraft, glider or balloon, scuba-diving, automo- bile, motorcycle or boat racing etc) which are not indicated in	□no	□ yes, explain in detail	

I agree that, in respect of the Period of Insurance in question, this Renewal Application, together with the original Application Form referred to in Paragraph 1, shall be the basis of renewal coverage.

Signature of Insured Person

Date