

How many students are enrolled in the school?

How many students have enrolled for this policy?

Attach a list of students as per the format here below;

Name of Student	Date of Birth	Class (Optional)

### Declaration

I/We

do hereby declare that the above answers and statements are true, and that I/We have withheld no material information regarding this proposal.

Date:  Signature of Proposer:

Rubber Stamp/Seal

### Other Products Available to Schools

- CIC School Bus
- CIC Schoolguard
- CIC Personal Accident Cover for students on industrial attachment
- Organised motor private scheme for directors, principals, teachers and support staff
- Group personal accident and WIBA for teaching and support staff
- Organised domestic package scheme
- Livestock Insurance
- Pension for teaching and support staff
- Group medical insurance

V. 05/2020

### CIC GENERAL INSURANCE LTD.

📍 CIC PLAZA MARA ROAD, UPPERHILL 📠 P.O. BOX 59485-00200 NAIROBI, KENYA  
☎ +254 020 282 3000, 0703 099 120 📧 callc@cic.co.ke 🌐 www.cic.co.ke  
🏢 CICGroupPLC 🏢 CICGroupPLC 🏢 CICGroupPLC  
KENYA • SOUTH SUDAN • UGANDA • MALAWI  
GENERAL • LIFE • HEALTH • ASSET



GENERAL

## CIC STUDENT PERSONAL ACCIDENT COVER

*We keep our word*

**cic**  
CIC GROUP

### Definition

The policy provides monetary payments as detailed in the schedule of benefits in the event bodily injury to the insured students as a result of an accident.

### BENEFITS UNDER THE POLICY BY CIC

#### i) Accidental Death Benefit

In the unfortunate occurrence of death through an accident, the policy will make a monetary payment up to the policy limit.

#### ii) Accidental permanent disability

The policy will compensate in monetary terms for permanent disability to the students as determined by a medical doctor.

#### iii) Accident medical expenses

Medical bills incurred as a result of an accident will be reimbursed up to the policy limit.

#### iv) Artificial appliances

The policy will make monetary payments for purchase of artificial limbs as recommended by a medical doctor subject to the policy limit.

#### v) Dental treatment

The policy will pay for the cost of treating dental injuries resulting from an accident upto the policy limit.

#### vi) Funeral expenses

The policy will cater for funeral expenses within 48 hours upon receipt of the required documents.

BENEFIT	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
Accidental Death Benefit	100,000	150,000	300,000	400,000	500,000
Accidental Permanent Disability	100,000	150,000	300,000	400,000	500,000
Accidental Medical Expenses	50,000	75,000	100,000	125,000	150,000
Cost of Artificial Appliances	20,000	30,000	30,000	30,000	40,000
Accidental Dental Treatment	20,000	20,000	20,000	20,000	20,000
Funeral Expense	50,000	50,000	50,000	50,000	50,000
<b>Premium</b>	<b>300</b>	<b>388</b>	<b>525</b>	<b>638</b>	<b>775</b>
Stabilization and Treatment on Site	250	250	250	250	250
<b>Total Annual Premium</b>	<b>550</b>	<b>638</b>	<b>775</b>	<b>888</b>	<b>1,025</b>

Emergency stabilization and treatment on site by AAR Rescue Services

### Emergency medical services by AAR

- Stabilization and treatment on site
- Unlimited emergency ambulance service
- Transfer to nearest hospital depending on the nature of the emergency
- Annual basic first aid training to 3 teachers/ staff
- 24 hours medical helpline
- 24 hour ambulance service is on standby to take care of any emergency while students are in school or travelling in the school bus

### WHAT IS COVERED

All life threatening conditions which if not attended to immediately might result in death or permanent disability and include:

- Fall from a height
- Fractures and dislocations
- Severe back pains
- Fainting/sudden collapse
- Electrocution
- Asthmatic attack
- Severe abdominal pains
- Severe bleeding
- Severe chest pains due to heart attack

### Premium

As low as KShs. 300 per student per year

CIC GENERAL INSURANCE LTD.

### STUDENT PA PROPOSAL FORM



### PROPOSAL FORM:

AGENCY/BROKER \_\_\_\_\_

Name of the School: \_\_\_\_\_

P.O Box: \_\_\_\_\_ Code: \_\_\_\_\_ Town: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

Location of School: \_\_\_\_\_ LR No: \_\_\_\_\_

Town: \_\_\_\_\_ PIN: \_\_\_\_\_

Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Please tick your selected plan as per the table below

### Benefit Schedule

Benefit	Plan I	Plan II	Plan III
Accidental Death Benefit	100,000	150,000	300,000
Accidental Permanent Disability	100,000	150,000	300,000
Accidental Medical Expenses	50,000	75,000	100,000
Cost of Artificial Appliances	20,000	30,000	30,000
Accidental Dental Treatment	20,000	20,000	20,000
Funeral Expenses	50,000	50,000	50,000
<b>Premium</b>	<b>300</b>	<b>388</b>	<b>525</b>
Stabilization and Treatment on site	250	250	250
<b>Total Annual Premium</b>	<b>550</b>	<b>638</b>	<b>775</b>

Emergency stabilization and treatment on site by AAR Rescue Services.