

APPLICATION FORM & QUOTAION REQUEST

When you have completed and signed your application, please return it to us at Qatar Insurance Company, Tameen Street, Doha, P.O. Box 666 or fax 4831569

1- Your Company Details

- Name of Company:
- Type of Business:
- Address:
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.....
.....
- Contact Name:
- Position in Company:
- Telephone:
- Fax:
- Email:

2- Eligibility/ Premium Payment

- How many people does the organization employ?
.....
- Will the insurance apply to all employees?
Yes No
- Are the employees' dependants to be covered?
Yes No Other
- Will the Company be paying the premium for:
 - Employees only? Yes No
 - Employees and dependants? Yes No
 - Other please specify:
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.....

3- Premium Payment Frequency

Please indicate your preferred method of payment:

- Annually
- 6-monthly (5% administration charge applies)
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4- Previous Claims Experience

a) Has the organization previously been insured for medical benefits? Yes No

If yes, please give names(s) of previous insurers here and attach previous benefits and renewal date details:

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7- Data Protection:

The Company complies with the principle of data protection and declared for the safekeeping of data and will only use the information contained on this application for the purposes of advising on healthcare and related products.

8- Tailor – made Plans:

If a tailor – made plan is required, please indicate below

<u>Benefits</u>	<u>Benefits to be included</u>	<u>Limit required</u>
• Room& Board
• Repatriation
• Maternity Care
• Dental Care
• Physiotherapy
• Pre-existing
• Basic Limit
• Any other Benefits
• Deductible

9- Declaration by Employer or Authorized Representative:

We request a group insurance quotation and declare that to the best of our knowledge and belief the information given herein is true and complete.

Name:
.....
.....

Signature:
.....
.....

Date:(DD/MM/YY)
.....

