

Group Life Insurance Policy

Agent Name -----

Policy No : FNIL-HO/GL/PL/

/ -

Agent ID -----

Date -----

1. Both parties agree that the information stated in the proposal form are the basic facts which will further form Legal contract between the proposed life Insured (hereby , the company) and First National Insurance (LIFE) Co., Ltd (hereby, the insurer).
2. Having agreed accordingly , the Insured is bound to pay premium as shown below and the First National Insurance (LIFE) Co.,Ltd undertakes and promises to pay the claim to the insured who are employees as per attached list subject to the benefit in case of injury , permanent disability and death during the insurance period.

(1) Policy Owner Name -

(2) Name of the Company -

(3) Address of the Company -

(4) Contact Number -

(5) Total employees -

(6) Total Sum Insured -

(7) Total Premium -

(8) Period of Insured -

3. The Insured employees detail list is attached.

Authorized Official

Group Life Insurance

From To (Group Life Insurance Worker Lists)

| Sr No. | Insured Name | Father Name | Occupation | NRC/ Passport No. | Age (Date of Birth) | Beneficiary Name | Relationship | Beneficiary's NRC/ Passport No. | Sum Insured | Premium | Remark |
|--------|--------------|-------------|------------|-------------------|------------------------|------------------|--------------|------------------------------------|-------------|---------|--------|
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| Total | | | | | | | | | | | - |