



# SHAHEEN INSURANCE COMPANY LIMITED

A Joint Venture of Shaheen Foundation-PAF, Hollard Insurance and FCSC



## PROPOSAL FORM

THIS QUESTIONNAIRE IS INTENDED TO ELICIT INFORMATION TO ENABLE US TO PREPARE A QUOTATION.

**Organization Name  
&  
Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Total No. of Employees**

**3. Insurance is Required for (please tick)**

Employees       Spouses       Children       Parents

**4. Strength of your Organization**

Category	Number of Employees	Number of Spouses	Number of Children	Number of Parents	TOTAL
A					
B					
C					
D					
E					
F					
TOTAL					

**5. You would prefer a Hospitalization package with; (please tick one )**

Annual Hospitalization Limit per Insured / Per Family       Hospitalization Limit per Confinement per Insured

Please specify your desired limits in Table 8

**6. Would you want a Cover for Dread Disease also**

Please specify your desired limits in Table 8

**7. Would you also want a cover for Out Patient (OPD)**

Please specify your desired limits in Table 8

### TABLE 8

Category	No. of Employees	Hospitalization Limit desired	Dread Disease Limit desired	OPD Limit desired	Room / Board Limit
A					
B					
C					
D					
E					
F					

**9. Tentative Starting Period**

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