



The New India Assurance Company Limited

Head Office: 87, M G Road, Fort, Mumbai-400001

PROPOSAL FORM FOR STUDENT SAFETY INSURANCE

1. Name of the Institution: _____
(in Block letters)
2. Address: _____
3. Number of Students as on date: _____
Discipline: _____
4. Period of Insurance: _____
5. Limit of Compensation : _____
Selected for any one year
 - a) for any one student: _____
 - b) for any one accident: _____
 - c) for any one year: _____

I declare that the above answers are true to the best of our knowledge and belief that we have disclosed all the particulars effecting the assessment of the risk. We agree that the proposal and declaration shall be the basis of the contract between us and the company. Further, it is also declared that proper attendance register is being maintained throughout giving the names of all the students studying in the school.

Date: _____

Place: _____

Signature of the proposer