

EVEREST INSURANCE COMPANY LTD.

Head Office : Siddhi Bhawan, Kantipath, P. O. Box : 10675, Kathmandu, Nepal

Tel: 240363, 243631, 255679, 255680; Fax: 977-1-240083, internet: eveinsco@mos.com.np

PROPOSAL FOR TREKKERS' ASSISTANCE POLICY

(The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.)

(Information given herein will be treated in strict confidence)

1. a) Name of the Insured person :
(as indicated on Passport)
b) Nationality :
c) Name of Trekking Agent/Travel Agent :

2. Age (in completed years) : Date of birth :

3. Address i) Home Address :

ii) Address in Nepal :

4. Insured's actual occupation :

5. Passport No : Country :
Issuing

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6. a) Name of the insured' physician :
b) Telephone No. (Office) :
(Residence) :

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7. Limits of Cover:
A) Emergency Medical Treatment :
B) Emergency Services :
i) Transportation :
ii) Burial/Cremation or Return of :
Mortal Remains :
iii) Return of Minor :
C) Personal Accident :

8. Period of Cover From : To :
Insurance required for (No. of days) :
Proposed date of Departure for Trekking :

I/We, the undersigned hereby declare that the above statements and particulars are true and complete and I/We declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

Place :

Dated :

Proposer' signature