

# EVEREST INSURANCE COMPANY LTD.

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## STUDENT'S SAFETY INSURANCE PROPOSAL FORM

1. Name of the Institution :  
(in Block letters)
  
2. Number of Students as on date :
  
3. Period of Insurance :
  
4. Limit of compensation  
Selected for any one policy period
  - a) for any one student :
  - b) for any one accident :
  - c) for any one policy 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 a proper attendance registered is being maintained throughout giving the name of all the students in the school.

Place .....

Date .....

\_\_\_\_\_  
Signature of the Proposer