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ShildShare MICROINSURANCE

Because financial protection matters

LEGAL GUARD PROPOSAL FORM

NOTE: This form must be completed in full. Where a section or field does not apply, indicate "N/A".

SECTION 1: POLICY HOLDER DETAILS (18 – 65 Years)

First Name (s)		Surname	
National ID Number		Date of Birth	
Gender		Mobile Number	
Email Address		Home Address	
Nationality		Marital Status	

SECTION 2: PREFERRED PRODUCT AND PACKAGE (SELECT EITHER INDIVIDUAL OR FAMILY COVER)

Policy Package	Annual Cover Limit (USD)	Individual Cover (USD)	Tick Preferred Package	Family Cover (USD)	Tick Preferred Package
Bronze Legal Guard	$600	$5.00		$10.00	
Silver Legal Guard	$1,000	$10.00		$15.00	
Gold Legal Guard	$1,700	$15.00		$20.00	
Platinum Legal Guard	$2,000	$20.00		$25.00	

SECTION 3: DEPENDANTS FOR FAMILY COVER (0 – 65 Years)

First Name (s)	Surname	ID Number	Date of Birth	Gender	Relationship

SECTION 4: TOTAL PREMIUMS DUE

Package	Premium	Lives Covered	Total Premium Due

SECTION 5: NEXT OF KIN DETAILS

First Name (s)	Surname	ID Number	Date of Birth	Gender	Relationship

SECTION 6: ACKNOWLEDGEMENT OF TERMS AND CONDITIONS

By signing this form, I confirm that I have:

1. Read and understood the ShildShare Legal Guard Cover Terms and Conditions.
2. Confirmed that I meet the eligibility criteria, being between 18 and 65 years of age, and that my Dependants, where applicable, meet the eligibility requirements set out in the full Terms and Conditions.
3. Confirmed that the details provided are true, accurate and complete, and understand that any misrepresentation, non-disclosure or false statement may result in cancellation of the Policy, rejection of a Claim, or voiding of the Policy from inception.
4. Noted that Premiums are payable on the 1st day of each month, that full payment is required, and that the Policy will lapse automatically if payment is not made within the applicable grace period.
5. Acknowledged that the Policy is subject to exclusions and limitations as set out in the Terms and Conditions.
6. Confirmed the Dependant details provided, where applicable, and understand that any benefit payable in respect of a Dependant may be paid to the Policyholder unless otherwise agreed by the Insurer.
7. Agreed that the Insurer may amend the Terms and Conditions on sixty (60) days' notice, where required and subject to applicable regulatory approval.
8. Confirmed that I understand the Claims procedure, including submission of the Claim form and supporting documents within the time limits set out in the Terms and Conditions.
9. Confirmed my consent to the collection, use, processing, storage and sharing of my personal information, and that of my Dependants where applicable, by ShildShare Microinsurance (Private) Limited for purposes of policy administration, underwriting, claims processing and compliance with legal and regulatory requirements, in accordance with the ShildShare Data Privacy Notice and Terms and Conditions.

SECTION 7: SIGNATURES

☐ **I confirm that I have read and understood the Terms and Conditions of the ShildShare Legal Guard Cover, agree to be bound by them, and acknowledge that the full Terms and Conditions are available at www.shildshare.com/termsandconditions or at any ShildShare approved customer service touchpoint.**

Policy Holders Full Name	Signature	Date
Agents Full Name	**Signature**	**Date**