

VOLUNTARY PERSONAL PROPERTY AND PERSONAL ACCIDENT INSURANCE
 PLAN FOR UNDP AND SPECIALIZED AGENCIES OF THE UNITED NATIONS SYSTEM

APPLICATION FOR INSURANCE



Telephone: (973) 731-0806
 Facsimile: (973) 731-3035

PLEASE PRINT ANSWERS TO QUESTIONS AND SIGN AT BOTTOM OF THIS FORM

APPLICANT INFORMATION

Name in Full:
 DUTY STATION City / Country:
 Your Facsimile No:
 Your Local Address:
 Your E-mail Address

Your U.N. Agency:
 Note: Consultants are not eligible.
 Check box if you are a Volunteer

Have you had insurance previously in this Programme? Yes No If yes, what was your Certificate Number Is your personal vehicle insured through Jamison/A.I.U.? Yes No Contact Jamison for details about personal Vehicle Physical Damage insurance.

A) PERSONAL EFFECTS AND PERSONAL PROPERTY INSURANCE

OPTION 1. Indicate below the amount of insurance required.

Amount	Annual Premium	Amount	Annual Premium
\$ 5,000 (minimum)	\$ 165 <input type="checkbox"/>	\$ 40,000	\$ 792 <input type="checkbox"/>
10,000	220 <input type="checkbox"/>	50,000	1002 <input type="checkbox"/>
15,000	330 <input type="checkbox"/>	75,000	1488 <input type="checkbox"/>
20,000	440 <input type="checkbox"/>	100,000	2020 <input type="checkbox"/>
25,000	538 <input type="checkbox"/>		
30,000	595 <input type="checkbox"/>		

A deductible of \$250 applies towards each covered loss.

OPTION 2. Do you wish to insure property of children away at school? Yes No Can only be purchased if Option 1 above is purchased.

Amount of Insurance: \$2500 per child: How many children

Location of School(s).....
 Premium: \$83 per child. Option 2 Premium \$

OPTION 3. Do you wish to insure personal property in a Commercial Storage Facility? Yes No Can only be purchased if Option 1 above is purchased.

Premium: \$7.15 per \$1,000 (Minimum \$10,000; Maximum \$50,000)

Name/Address/Description of storage facility:
 Amount of Insurance \$ @ \$7.15 per \$1,000
 Option 3 Premium \$
TOTAL PREMIUM OPTION 1 + 2 + 3 \$

*This is new
 172 per \$100*

B) ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

A) For Myself:
 \$25,000 (\$50 annual) ; \$50,000 (\$99 annual) ; \$100,000 (\$198 annual)

My Beneficiary (Person to whom money is paid in event of death) is:
 Name: Relationship:

B) For My Spouse Whose Name is:
 \$25,000 (\$50 annual) ; \$50,000 (\$99 annual) ; \$100,000 (\$198 annual)

Spouse's Beneficiary is: Name: Relationship:

Note: Spouse cannot purchase more Insurance than Applicant.

C) For My Dependent Child or Children (Ages 3 months to 21 years)
 \$10,000 (\$17 annual per child) Name(s):

Note: Child's Beneficiary will be parent(s) unless otherwise requested. Spouse and children can only be insured if Applicant has purchased Accidental Death and Dismemberment Insurance.

TOTAL ANNUAL PREMIUM FOR PROPERTY AND ACCIDENTAL DEATH INSURANCE (A and B) \$

Paid by U.S. Dollar Cheque? Bank Transfer? Swiss Francs/Deutschmarks?

*For each cheque in Deutschmarks or Swiss Francs or any Dollar cheque drawn for collection outside U.S.A., add \$45.00 or equivalent for bank collection fees. No cheques accepted in other currencies. Premiums cannot be charged to credit cards.

**For Direct Transfers, instruct your Bank to transfer the premium to: JP Morgan Chase, 4 New York Plaza, 15th Floor, New York, New York 10004 USA, ABA No. 021000021, for further credit of Chemical Bank New Jersey, Parsippany, New Jersey for the account of Herbert L. Jamison & Co., L.L.C. Acct. No. #6057-008634. Make sure your Bank shows your name on the transfer as part of their reference.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true.

Signature of Applicant Date

THE INSURANCE APPLIED FOR IS SUBJECT TO UNDERWRITING REVIEW AND IF ACCEPTABLE WILL BECOME EFFECTIVE ON THE FIRST DAY OF THE MONTH FOLLOWING RECEIPT OF COMPLETED APPLICATION AND PAYMENT FOR FULL AMOUNT OF PREMIUM AT JAMISON.

This application supersedes and replaces any and all preceding editions. The rates, coverage and/or limits described above are effective July 1, 2004 and are subject to change.

Thank you.

Wire Transfer Instructions

JP MORGAN CHASE

4 New York Plaza, 15th Floor
New York, NY 10004 USA

ABA# 021000021

For the further credit of: Herbert L. Jamison & Co., L.L.C.
Acct #: 6057-008634

FYI:

Chase's CHIPS Participant No. is 0002 and their S.W.I.F.T. # is CHASUS33

PLEASE MAKE SURE YOUR BANK SHOWS YOUR NAME AND INVOICE NUMBER AS PART OF
THEIR REFERENCE.