

Policy No	P R O P O S E R	Name					Date				
		Address					Signature				
I N S U R E D	Name		Sex M / F	Age	No. of Insured	Period of Insurance					
	Address						To	Yr	M	D	
	Tel:		Fax								
BENEFICIARY DETAILS		Name:					Relationship with Insured				
		Address:									
		Tel:		Fax							
AREA	JAPAN ONLY	PLAN COVERED	BRONZE / SILVER / GOLD			PREMIUM					
BRONZE PLAN			PERIOD								
			3 months			6 months			1 Year		
Accidental Loss of Life			5,000,000			5,000,000			5,000,000		
Accidental Medical Expenses			2,000,000			2,000,000			2,000,000		
Sickness Medical Expenses			2,000,000			2,000,000			2,000,000		
Sickness Death			5,000,000			5,000,000			5,000,000		
Rescue Expenses			2,000,000			2,000,000			2,000,000		
Premium			JY 18,400			JY 40,880			JY 89,500		
SILVER PLAN			PERIOD								
			3 months			6 months			1 Year		
Accidental Loss of Life			5,000,000			5,000,000			5,000,000		
Accidental Medical Expenses			3,000,000			3,000,000			3,000,000		
Sickness Medical Expenses			3,000,000			3,000,000			3,000,000		
Sickness Death			5,000,000			5,000,000			5,000,000		
Rescue Expenses			2,000,000			2,000,000			2,000,000		
Premium			JY 18,950			JY 42,030			JY 92,050		
GOLD PLAN			PERIOD								
			3 months			6 months			1 Year		
Accidental Loss of Life			10,000,000			10,000,000			10,000,000		
Accidental Medical Expenses			5,000,000			5,000,000			5,000,000		
Sickness Medical Expenses			5,000,000			5,000,000			5,000,000		
Sickness Death			10,000,000			10,000,000			10,000,000		
Rescue Expenses			2,000,000			2,000,000			2,000,000		
Premium			JY 21,230			JY 46,730			JY 102,000		
Do you have any other insurance having similar coverage or benefit										Yes / No	
If yes, Name of the Company										Coverage	
If yes, Name of the Company										Benefit.....	
Are you engaged in any dangerous or risky occupation like working in underground mines, etc.?										Yes / No	
Details of occupation.....											
Details of any disease or ailment or disablement existing now.....											
Have you been operated on for any disease or ailment, If yes give details.....											
Will you be engaging in any high risk sports activities like, Skiing, diving, racing or similar sports										Yes / No	
If yes, give details.....											
Branch Name		Code		Agent Name			Policy Issuing Office		Date of Issue		
Osaka		612		(有) Legend Travelers			Tokyo				