COVERAGE	AMOUNT OF INSURANCE	PREMIUM
DEATH & DISABLEMENT OR DISMEMBERMENT		
WEEKLY INDEMNITY		
MEDICAL INDEMNITY		

DECLARATION

I hereby propose to effect an insurance with this Company and I agree that this Proposal and Declaration shall form the basis of the Contract between me and the said Company and that I am willing to accept a Policy and be bound by all the terms stipulations and conditions thereof and to pay the premium thereunder and that any concealment or material misrepresentation shall render this policy null and void.

Date *Signature*

WESTERN GUARANTY CORPORATION
SUITE 508 BPI OFFICE CONDOMINIUM BLDG.
PLAZA CERVANTES, MANILA
TEL. 47-35-01 TO 08 & 49-74-46 TO 53

PERSONAL ACCIDENT INSURANCE PLAN

BENEFITS

1. Death -- Pays the principal sum for loss of life occuring within twelve calendar months of bodily injury
   Permanent Disablement or Dismemberment -- Pays the principal sum or the percentages as stated in Table of Benefits when the insured is prevented permanently and totally from engaging in or giving attention to any and every duty pertaining to his occupation.
2. Weekly Indemnity -- Pays weekly income when the Insured is continuously disabled from engaging in or giving attention to a substantial part of his occupation, but not for a longer period of 52 weeks.
3. Medical Indemnity -- Pays actual expenses for treatment of bodily injury caused by accident

TABLE OF PERMANENT DISABLEMENT BENEFITS

Description of Disablement	Percentage of the Capital Sum
Loss of the limbs Loss of both hands, or all fingers and thumbs of both hands Loss of both feet Total loss of sight of both eyes Injuries resulting in being permanently bedridden Any other injury causing permanent total disablement	100%
Loss of arm at or above elbow	70%
Loss of arm between elbow and wrist	60%
Loss of hand	50%
Loss of four fingers and thumb of one hand	50%
Loss of four fingers	35%
Loss of thumb	15%
Loss of index finger	10%
Loss of middle finger	6%
Loss of ring finger	5%
Loss of little finger	4%
Loss of metacarpals - first or second (additional)	3%
third, fourth or fifth (additional)	2%
Loss of leg at or above knee	60%
Loss of leg below knee	50%
Loss of one foot	50%
Loss of toes - all of one foot	25%
Loss of Big Toe	5%
Loss of any toe other than Big Toe, each	1%
Loss of sight of one eye	50%
Loss of hearing -both ears	50%
one ear	25%

OCCUPATIONAL CLASSIFICATIONS

Class 1: Non-hazardous office and executive personnel whose duties are office and travelling only

Class 2: Semi-hazardous occupation involving limited manual labor not using machinery

Class 3: Hazardous occupation of a skilled or semi-skilled workers, using light machinery

Class 4: Extra-hazardous occupation or unskilled workers, using heavy machinery

EXCLUSIONS

This policy does not cover bodily injuries resulting from acts of war; service in the Armed Forces; professional athletics and organized and scheduled amateur physical contact sport; suicide, bacterial infection, murder and assault, mountaineering; cave-in of mines, skydiving and handgliding

Policy coverages, benefits and exclusions are only briefly outlined here. Complete provisions are contained in the policy

CLASS RATES---PER ANNUM

Occupational Class	Death Permanent Disablement/ Dismemberment per P1,000.00 Principal Sum Benefit	Weekly Indemnity (Optional) per P5.00 Weekly Benefit	Medical Indemnity (Optional) per P100.00 Benefit
1	P 1.80	P 1.80	P 1.30
2	P 2.50	P 2.50	P 1.80
3	P 3.50	P 3.50	P 2.50
4	P 4.50	P 4.50	P 3.50

PERSONAL ACCIDENT APPLICATION FORM

NAME _____

ADDRESS _____

DATE OF BIRTH _____

BIRTHPLACE _____

WEIGHT _____ HEIGHT _____ SEX _____

OCCUPATION _____

POSITION _____ ANNUAL INCOME _____

NAME OF COMPANY _____

KIND OF BUSINESS _____

BUSINESS ADDRESS _____

NAME OF BENEFICIARY (IES) _____

_____

RELATIONSHIP(S) _____

ADDRESS(ES) _____

With what Company(ies) and for what amounts are you at present insured against accidents?

_____

_____

Has any insurer in respect of life or accident insurance ever declined or imposed special terms to insure you or cancelled or refused to renew your Policy? _____

_____

REASONS: _____

Have you any physical defect or infirmity of any kind or have you ever had diabetes, tuberculosis, varicose veins, disease of heart or brain, amputation,impairmnent of hearing or sight of either eye or any nervous affection? _____

_____