



INSURING THE FUTURE

INDIVIDUAL STUDENT PERSONAL ACCIDENT COVER

AMACO Insurance is dedicated to providing quality insurance solutions for our schools and learning institutions.

We have designed a product specifically for students to cover them while in school.

It is a benefit policy that provides cover in the event of an accident resulting in Bodily Injuries or Death to a student

WHAT DOES IT COVER?

- 24 hours cover while in school
- 24 hours cover during the period when the student is on Internship / Attachment

WHAT ARE THE REQUIREMENTS?

- Copy of School ID or introduction letter from school
- Copy of National ID of the student

WHAT ARE THE BENEFITS / LIMITS OF COVER?

BENEFIT	OPTIONS (KSHS)			
	Plan 1	Plan 2	Plan 3	Plan 4
Accidental Death	100,000	150,000	175,000	200,000
Permanent Total Disability.	100,000	150,000	175,000	200,000
Medical Expenses following an accident	50,000	75,000	100,000	150,000
Cost of Artificial Limbs e.g crutches, prosthetics	20,000	30,000	50,000	75,000
Funeral Expense	20,000	20,000	20,000	20,000
Premium Per Student : THREE MONTHS	350	450	500	600
Premium Per Student : SIX MONTHS	500	750	1,000	1,200
Premium Per Student : TWELVE MONTHS	600	850	1,100	1,300



Death:

This benefit is payable in the event of an accidental death of a student.

Permanent Total Disablement:

This benefit is payable in the event the student becomes completely disabled due to accidental bodily injuries sustained.

Medical Expenses following an accident:

This benefit provides for reimbursement of medical expenses incurred following an accidental injury to a student.

Cost of Artificial limbs:

This benefit covers the costs of artificial appliances like crutches, prosthetics, wheelchairs, canes etc following an accidental injury to a student.

Funeral expenses:

This benefit is payable to the Nominated Beneficiary following the accidental death of a student.

PROPOSAL FORM

AGENCY/BROKER.....
NAME
ID NUMBER.....
POSTAL ADDRESS.....
TELEPHONE NUMBER.....
EMAIL ADDRESS.....
PERIOD FROM..... PERIOD TO.....
NOMINATED BENEFICIARY (NAME AND TEL NUMBER).....
SIGN