

The Managing Director
BSP Life (Fiji) Limited
Private Mail Bag
SUVA

Dear Sir

Proposal for Additional Benefits Attached to My Insurance Dated ____ / ____ / ____

I hereby agree that the occupational risk is excluded and I accept the policy with the following endorsement:-

“This policy is issued subject to the condition that no compensation shall be payable under the Accidental Death Benefit if death arises out of or in the course of my occupation which may entitle me to claim compensation under any act of parliament providing for worker’s compensation or Employer’s liability or instead of claiming under such Act to claim at Common Law.”

Yours faithfully

Name _____

Signature _____

Date _____