



APOLLO INSURANCE COMPANY LIMITED

COMPANY ----- P.O. Box ----- CONTACT PERSON:-----

GROUP LIFE / LAST EXPENSE / CRITICAL ILLNESS COVERS

Benefit to quote _____

Three years past claims experience

	Premiums Paid	Claims Paid	No. of deaths
Year 2004	_____	_____	_____
Year 2005	_____	_____	_____
Year 2006	_____	_____	_____

GROUP PENSION

Retirement Age _____ years

Contributions %

Employee	_____ %
Employer	_____ %

NO.	EMPLOYEE NAME / CODE NO.	OCCUPATION	MALE / FEMALE	AGE / YEAR OF BIRTH	BASIC SALARY (MONTHLY / ANNUAL)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
TOTALS					