



**FAMILY GUARDIAN
INSURANCE COMPANY**

CONTACT US:

CALL OR VISIT ANY OF OUR LOCAL SALES OFFICES

MARATHON DISTRICT

Marathon Estates Road
T: 242.393.0091

ABACO OFFICE

Memorial Plaza
T: 242.367.3264

CHIPPINGHAM DISTRICT

Thompson Boulevard
T: 242.325.1811

EXUMA OFFICE

Turnquest Plaza
T: 242.336.3418

CARMICHAEL DISTRICT

Top of the Hill, Baillou Hill Road
T: 242.341.4429

ELEUTHERA OFFICE

Bay Front Plaza
T: 242.332.2258

This plan of insurance has been especially prepared for:

NAME: _____ PREMIUM: _____

PREPARED BY: _____ DATE: _____

DISTRICT OFFICE: _____



This is not a contract, nor an offer, but it is a general description of benefits available under a policy providing this protection outlined. The exact provision, terms and condition of the contract are set forth in detail in any such policy as may be issued.

**WHOLE LIFE
PROTECTION PLAN**

We help you keep your promise to provide.

Your family's security need not be threatened when you can no longer provide an income. This programme of Life insurance coverage will pay Cash benefits to you or your family.

LOSS OF LIFE	BENEFIT
BY NATURAL CAUSES (N.B. There is a graded death benefit of \$250 per \$1,000 if the insured is under 2 years of age next birthday.)	\$ _____
BY ACCIDENTAL MEANS (N.B. Payment for accidental death or injury will only be made if the insured is between 5 & 69 years of age.)	\$ _____
BY ACCIDENTAL MEANS AS A FARE-PAYING PASSENGER	\$ _____

LOSS OF SIGHT OR LIMBS (BY ACCIDENT)

One (1) eye, foot or hand	\$ _____
Both eyes or any two (2) limbs	\$ _____
PLUS... A fully paid-up death benefit of <i>(In the case of loss of two (2) limbs)</i>	\$ _____
IN ADDITION... If you are hospitalized because of accidental injuries we will Pay you _____ per day (paid up to 180 days)	\$ _____

This benefit is yours for a monthly premium of \$ _____

I will pay by:

- Salary Deduction
- Pre-authorized Cheque
- Collect by Agent
- Office Visit
- Post-dated Cheque