



American Home Assurance Company

The Towers, 5th Floor,
25 Dominica Drive
P.O. Box 489, Kingston 5, Jamaica
Telephone: 926-2074
Fax: (809) 929-4528
Cable: Aminterking, Kingston



A Member Company of
American International Group

Personal Accident Employer's Statement

Employer	<p>1. Name of Employer : _____ Policy No. _____</p> <p>2. Address: _____</p> <p>3. Give nature of business: _____</p>
Time and Place	<p>4. Date of Injury : _____</p> <p>5. Place of Injury: _____</p> <p>6. Describe how accident occurred: _____</p>
Insured Person	<p>7. Name of Insured: _____</p> <p>8. Home Address: _____</p> <p>9. Age: _____ Occupation: _____</p> <p>10. Date Insured gave up his duties: _____ Return to Work: _____</p> <p>11. Length of disability: _____ Days: _____</p> <p>12. State Insured's earnings \$ _____ Per Month Per Week</p> <p>13. State any period of time the Insured was able to perform only part of his duties:</p> <p>From _____ To _____</p>

Signature of Employer

Dated

Official Title
& Company Stamp