STATE LIFE
INSURANCE CORPORATION OF PAKISTAN

UNDERWRITING

Dated: 07.04.2026
UND/PO/2026

INTER OFFICE COMMUNICATION

From: DH - UND	To: All Regional Incharges - RUDs

Subject: Issuance of Policies for non-resident pakistanies residing in Bahrain, Jordan, Kuwait, Oman, Qatar, Saudi Arabia, UAE, Israel, Iran, Iraq and Cyprus – As per Updated Swiss Re Guidelines

Consequent upon the postponement of the Life insurance applications by Swiss Re pertaining to subject countries, the ED (UND) has allowed to issue life insurance policies for non-resident Pakistanies residing in the subject countries, subject to the following conditions:

- TSAR would be restricted to PKR 5 million
- Proper declaration must be obtained from the proposer (Annexure A)
- Swiss Re Travel Questionnaire must be duly completed (Annexure B)
- Necessary endorsement must be attached to the policy document (Annexure C)
- Policies shall be issued without any rider
- Tables with in-built riders would not be allowed

It is advised that the above instructions should be complied with in letter and spirit.

Mahmmod Ahmad

C.C:

- PS to ED (UND)
- CR & CO
- All Divisional Heads & RCs

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STATE LIFE INSURANCE CORPORATION
OF PAKISTAN MULTAN ZONE

Date: _____

NAME : _____
Address : _____
CELL # _____

Subject: <u>ISSUANCE OF INSURANCE POLICY</u>

Thank you for the life insurance proposal # _____ dated _____. We do not find ourselves in a position to accept the insurance risk on your life as proposed.

We may, however, consider your proposal by excluding the claim liability in the event that death (God forbid) occurs, due but not limited to War and related perils while in or even outside Bahrain, Jordan, Kuwait, Oman, Qatar, Saudi Arabia, UAE, Israel, Iran, Iraq and Cyprus, as a result of, directly or indirectly, wholly or partly, arising from:

1. Civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, martial law, or state of siege;
2. Any act of terrorism where such act is connected with or arises from war, hostilities, or warlike operations;
3. Any action taken by a government, military authority, or public authority in controlling, preventing, suppressing, or responding to any of the events described above;
4. Nuclear, chemical, biological, or radiological contamination resulting from any of the events listed above;
5. The use, deployment, or release of military weapons, including but not limited to missiles, rockets, drones, aerial bombardment, or other similar weapons or delivery systems by any state, military force, or organized armed group.

For the purposes of this exclusion, any loss arising from the above activities shall be deemed to arise from war or warlike operations, regardless of whether war has been formally declared or not.

If you agree with the above exclusion, you may sign the attached declaration and return it to us, following which we shall be able to issue the life insurance policy **with a cap of total sum assured up to PKR 5 million, (inclusive of all previous policies**) and with an endorsement restricting the liability of State Life to the extent of cash value acquired under the policy or refund of premium(s) received, whichever is higher.

Your declaration and endorsement shall be deemed a part of the relevant insurance policy.

<u>Incharge/Manager (New Business)</u>

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Annex "A"

D E C L A R A T I O N

Proposal # _____
On The Life Of : _____
CNIC # _____

I do undertake that **"STATE LIFE INSURANCE CORPORATION OF PAKISTAN"** may accept the proposal on my life *(with a cap of total sum assured (TSAR) up to PKR 5 million, inclusive of all previous policies)*, with the express condition that:

During the currency of the policy, should the death (God forbid) of the assured occur due to, but not limited to, war and related perils, whether within or outside Bahrain, Jordan, Kuwait, Oman, Qatar, Saudi Arabia, UAE, Israel, Iran, Iraq and Cyprus, as a result of, directly or indirectly, wholly or partly, by or arising from:

1. Civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, martial law, or state of siege;
2. Any act of terrorism where such act is connected with or arises from war, hostilities, or warlike operations;
3. Any action taken by a government, military authority, or public authority in controlling, preventing, suppressing, or responding to any of the events described above;
4. Nuclear, chemical, biological, or radiological contamination resulting from any of the events listed above;
5. The use, deployment, or release of military weapons including but not limited to missiles, rockets, drones, aerial bombardment, or other similar weapons or delivery systems by any state, military force, or organized armed group.

For the purpose of this exclusion, any loss arising from the above activities shall be deemed to arise from war or warlike operations, regardless of whether war has been formally declared or not.

Then, the claim liability shall be restricted to the payment of the cash value acquired under the policy or refund of actual premium(s) received, whichever is higher.

I also agree that the above conditions shall be equally binding on my nominees, heirs, and assignees.

Declared at _____this _____day of_____20_____

_____
Signature/Thumb: Life Proposed

Witness
Sign:_____
Name_____
Designation _____

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(Annex 'B')

Residence and travel questionnaire

Full name _____ **proposal number**_____

1. Please provide details of your current residency and your residency status including information of length of stay by visa etc, if appropriate.

_____

2. Please provide details of your previous residence and travel during the last 5 years (excluding holidays of less than 4 weeks) :

Dates of stay	Country and region of residence	Reason for visiting	Frequency (number of trips per year)	Duration of each stay

3. Please provide details of your future residence and travel intentions during the next 5 years (excluding holidays of less than 4 weeks) :

Dates of stay	Country and region of residence	Reason for visiting	Frequency (number of trips per year)	Duration of each stay

4. Please provide a brief description of your occupational duties and/ or any other activities you will participate in whilst travelling or residing abroad.

_____

5. Do you expect to spend the majority of your time in major / large cities? Yes ☐ No☐
   If **NO,** please provide the name of the town/ region and details of your likely accommodation, availability of medical facilities and your internal travel arrangements (e.g. light aircraft, boat etc.):

_____

_____

6. Please give details of any medical treatment or surgery you have received whilst resident overseas:

_____

_____

7. Please provide any additional information on your residence and travel which you feel may be helpful in processing your application

_____

_____

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me may invalidate the contract.

_____
Signature/Thumb: Life Proposed

Witness
Sign & Stamp_____

Date:_____

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Annex "C"

ENDORSMENT

Name: _____

Policy No : _____

Notwithstanding anything to the contrary mentioned in the schedule during the currency of the policy, and **subject to with a cap of total sum assured (TSAR) up to PKR 5 million (inclusive of all previous policies)**, if the death of the assured (God forbid) occurs due to, but not limited to, war and related perils while in or even outside Bahrain, Jordan, Kuwait, Oman, Qatar, Saudi Arabia, UAE, Israel, Iran, Iraq and Cyprus, as a result of direct or indirect, wholly or partly, by or arising from:

1. Civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, martial law, or state of siege;
2. Any act of terrorism where such act is connected with or arises from war, hostilities, or warlike operations;
3. Any action taken by a government, military authority, or public authority in controlling, preventing, suppressing, or responding to any of the events described above;
4. Nuclear, chemical, biological, or radiological contamination resulting from any of the events listed above;
5. The use, deployment, or release of military weapons including but not limited to missiles, rockets, drones, aerial bombardment, or other similar weapons or delivery systems by any state, military force, or organized armed group.

For the purposes of this exclusion, any loss arising from the above activities shall be deemed to arise from war or warlike operations, regardless of whether war has been formally declared or not.

In such an event, the claim liability shall be restricted to the payment of the cash value acquired under the policy or the refund of actual premium(s) received, whichever is higher.

Incharge/Manager-(NB)
_____ZONE

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