

# Critical Illness Insurance Application

Full Name	<input type="text"/>
Date of Birth	<input type="text"/>
Gender	<input type="text"/>
Address	<input type="text"/>
Phone Number	<input type="text"/>
Email Address	<input type="text"/>
Preferred Coverage Amount	<input type="text"/>
Medical History (if any)	<input type="text"/>
Existing Insurance Policies	<input type="text"/>
Nominee Name	<input type="text"/>
Nominee Relationship	<input type="text"/>