

Dated _____ day of _____ year _____

Signature of Principal/Partner

For and behalf of:

NOTE:

NO INSURANCE is in force until the proposal has been accepted by the Company and the premium paid.

FOR OFFICIAL USE:

Risk Category High ☐ Medium ☐ Low ☐

Client Category High ☐ Medium ☐ Low ☐

Remarks

LASACO ASSURANCE PLC BRANCH NETWORK

HEAD OFFICE:

LASACO House, Plot 16, Acme Road, Ogba, Ikeja, P.O. Box 3724, Lagos,
Nigeria

Tel: 07000527226

e-mail: info@lasacoassurance.com

website: www.lasacoassurance.com

ABEOKUTA BRANCH
Majek Kembo House,
24, Lalubu street, Ilewo, Ibara,
Abeokuta, Ogun state.
Branch Manager: Mr. Bode Pratt
Mobile No: 08027479229

ALAUJA REPRESENTATIVE OFFICE
Lagos State Government,
The Secretariat,
Alausa, Lagos State.
Branch Manager: Mrs. Yemi Ajani
Mobile No: 08023100519

IBADAN BRANCH
40, Ring Road, South West Road
Ibadan, Oyo State
Branch Manager: Mrs. Yejide Michael-Nwokolo
Mobile No: 08115089826

KANO BRANCH
Union Bank Building
37, Niger Street,
Kano, Kano State.
Branch Manager: Mr. Sule Halilu
Mobile No: 08037267104

OSHOGBO BRANCH
Block E1 Suit 5, Ayegbaju Market,
Behind Omoluabi Mortgage Bank Plc.
Oshogbo, Osun State.
Branch Manager: Mr. Kayode Okeremi
Mobile No: 08069135662, 08072535999

UYO BRANCH
178, Ikot Ekpene Road,
Akwa Ibom State
Branch Manager: Mrs. Toyin Itiabe
Mobile No: 08064348913, 08023207297

YOLA BRANCH
1, Bishop Road,
Adamawa Homes and Savings Building
Jimeta-Yola
Branch Manager: Mr. Yilong Jonah
Mobile No: 07098713703

ABUJA BRANCH
ITF House,
6, Adetokunbo Ademola Crescent,
Maitama, Abuja
Tel: 09-5237163, 09-5232131
Branch Manager: Mr. Adekunle Hamza
Mobile No: 08055065371

AKURE BRANCH
Recabil House,
47, Oba Adesida Road,
Akure, Ondo State.
Branch Manager: Mr. Lekan Onakoya
Mobile No: 08052554042

ILORIN BRANCH
19, Unity Road,
Ilorin, Kwara State.
Branch Manager: Mrs. Ranti Amusa
Mobile No: 07033234382, 08027271804

KADUNA BRANCH
Hamza Zayad House Road
NNIC Building,
4 Muhammed Buhari/ Ahmadu Bello way
Kaduna State
Branch Manager: Mr. Kazeem Shobowale
Mobile No: 08028542539

PORT HARCOURT BRANCH
200, Aba Road, Waterline Bus Stop
Port Harcourt, River State.
Branch Manager: Mrs. Toyin Itiabe
Mobile No: 08064348913, 08023207297

WARRI BRANCH
60, Effurun, Sapele Road,
Opposite Glo office
Effurun, Warri, Delta State.
Branch Manager: Mr. Seun Sangobiya
Mobile No: 08038361816, 08056714920



PROFESSIONAL INDEMNITY

Cotact us for the following Risks

- Fire & Special Perils
- Marine & Aviation
- Money
- Burglary & Housebreaking
- Personal Asistant
- Contractor's All Risk
- Employer's Liability
- Bonds
- Motor
- Goods in Transit
- Oil & Gas etc.



IMPORTANT INFORMATION

1. An Insurance Agent who assists an Applicant to complete an application or proposal for Insurance shall be deemed to have done so as the Agent of the applicant in accordance with section 54(2), Insurance Act 2003

2. The liability of the company does not commence until this application is accepted and the premium is paid in accordance with session 50(1) of insurance Act , 2003

PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

This policy provides indemnity for the insured against legal liabilities that may arise by reason of any neglect, error or omission committed in a professional capacity by the person insured or by any partner, director or any person in the insured's employment

☐ CORPORATE

☐ INDIVIDUAL

Corporate Information

Company Name:_____

Operating Business Address:_____

State:_____ City:_____ Incorporation No:_____

Type of Business:_____ Postal Code:_____

Operating Business Phone No:_____ Fax:_____

Registered Business Address: _____

Date:_____ State:_____ Country _____

Email:_____

Incorporation State:_____ Country: _____

Financial: Year End: Date:_____ Month: _____ Year: _____

Last Audited/Unaudited Account: Date:_____ Month: _____ Year: _____

Authorised Capital (*000) _____

Paid up Capital (*000) _____

Banker: _____

Personal Details

(Individual client or a director of the corporate client to fill this action)

Title: ☐ Ma ☐ Mrs ☐ Ms. ☐ Miss. ☐ Others(specify)_____

Surname: _____

First Name: _____ Middle Name _____

Gender: Male ☐ Female ☐ Date of Birth: (DD-MM-YYYY):_____

Mother's Maiden Name:_____

Contact Address: _____

City:_____ State:_____ Country:_____

Tel No:_____ E-mail: _____ Country: _____

Identification Driver's License: ☐ National ID Card: ☐ Int'l Passport ☐

Identification Number:_____

Country of issue:_____ Date of issue (DD-MM-YYYY) _____ Date of Expiry _____

Nationality:_____ State of Origin _____

Occupation:_____

Employment Status: Employed: ☐ Unemployed ☐ Self Employed ☐

Employer's Name:_____

Employers Telephone Number:_____

Employers Address:_____

City: _____ State: _____ Country:_____

Bankers: _____

BVN _____

Source of fund _____

Professional Information: (Please attach Company's Corporate Profile)

1. Profession _____

2. How long have you been in the Profession? _____

3. Which Professional Association(s) or Body do you belong to? _____

4. Are you a fellow or Associate Member? _____

5. Total number of Staff: _____

6. No of Qualified Professionals Staff: _____

7. Other Technical Staff: _____

8. Other Staff (Typist, Receptionist of): _____

9. Please give the following details:

Name of Partners	Qualification	Date Qualified

11. (a) Give Gross Earnings/Fee for the previous Twelve months

N _____

(b) Give Estimated Earnings/Fees for the next Twelve Months

N _____

12. Have you previously held or do hold a professional Indemnity insurance? _____

13. Has any application for this type of Indemnity been:

(a) Decline? _____

(b) Subject to premium increase? _____

(c) Subject to special restrictions? _____

14. (a) Has any claim been made against your practice in the past? If so, give restrictions? _____

(b) Is there any claim outstanding or any circumstances which might give rise to a claim against this practice? If so, give details: _____

15. Have you recently discharged or you contemplating discharging any of your staff for any omission, neglect, Error or the like? If so, give details: _____

16. Please comment on any features of your work, which you think may be of interest to the company _____

17. Amount on Indemnity required N _____

18. I/We declare that the statement and particulars in this Proposals are true and that I/We have not mis-stated or suppressed any materials fact, that at the present time I/We have no reasons to anticipate any claim being brought against me/us for any negligent act, error, or omission on the part of any member or employee of this practice or their predecessors in business. I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any material alteration to these facts whether occurring before or after completion of the contract or insurance.

DATA PROTECTION NOTICE AND CONSENT

Lasaco assurance plc is data protection regulation compliant. All information submitted by you will be processed and managed in line with the Nigeria data protection regulation.

<p>(3) have any person other than your own employee occasion to use or come in contact with (a) your lift, hoists, E.T.C; or (b) any other machinery</p> <p>Please give particular</p>	<p>(a)</p> <p>(b)</p>
<p>(4) (a) how long have you been in business</p> <p>(b) what claims have been made on you during that period (or are pending) in respect of risk to be covered by this insurance ?.....</p> <p>Please furnish full particulars</p>	<p>.....</p> <p>Personal injury..... Cost.....</p> <p>Damage to property..... Cost.....</p> <p>Working at the premises N</p>
<p>5. (a) are you at present insured ,or (b) Have you ever proposed for insurance in respect of the said facilities?</p>	<p>(a) Yes/ no if yes? Name the company.....</p> <p>(b) Yes / no if yes? Name the company.....</p>
<p>(d) has any proposal or renewal ever been:- (a) declined or (b) withdraw, or (c) charged an or increased rate or subjected to special</p>	<p>(a) yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(b)yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(c)yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Limited of indemnity Anyone accident</p> <p>N..... Anyone year N.....</p>	
<p>Insurance for 12 month form.....</p> <p>I /we warrant that the above statement are true, and I /we have not withheld or concealed anything affecting the proposed insurance, and I / we agree that this proposal and declaration shall be the basis of the contract between me/us and the company. I /we agree to accept the company's policy applicable to insurance.</p> <p>Date.....20..... signature.....</p> <p>The liability of the company dose not commence until the acceptance of the proposal has been intimated by the company and premium paid.</p> <p>Agent.....Policy No.....</p>	
<p>OFFICIAL USE ONLY</p> <p>Risk Category High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/></p> <p>Client Category High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/></p>	

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PUBLIC LIABILITY



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PUBLIC LIABILITY

☐

Corporate

THE PROPOSER

☐

Individual

CORPORATE INFORMATION

Company's Name_____

Operating Business Address:_____

State:_____ City:_____

Incorporating Number:_____

Type of Business:_____

Postal Code:_____

Operating Business Phone Number:_____

Fax:_____

Registration Business Address:_____

City:_____ State: _____

Country_____

E-mail _____

Incorporation state_____

Country_____

Financial Year End: Date _____

Month_____ Year _____

Last Audited/Unadited Account: Date _____

Month_____ Year _____

Authorised capital ('000):_____

Paid Up Capital: ('000):_____

Banker:_____

PERSONAL DETAILS

Individual client or a director of the corporate client to fill this action

Title Mr ☐ Mrs. ☐ Ms ☐ Miss. ☐

Other (specify)_____

Surname _____

First Name_____

Middle Name_____

Gender: Male ☐ Female ☐

Date of Birth: (DD-MM-YYYY)_____

Mother's Middle Name:_____

Contact Address_____

City_____ State _____

Country_____

Tel No_____ E-mail _____

Identification Driver's License _____

Nation ID _____ Inter: Passport _____

Identification Number _____

Country of Issue_____ Date of issue (DD-MM-YYYY) _____

Date of Expiry (DD-MM-YYYY) _____

Nationality_____ State of Origin _____

Resident permit (For Non-Nigeria)_____

Employment status: ☐ Employed: ☐ Unemployed ☐ Self Employed

Employers Name_____

Employers Telephone Number_____

Employers Address_____

City _____ State _____

Country_____

Bankers_____

Source of fund _____

BVN _____

ADDITION INFORMATION SCHEDULE OF RISKS TO BE COVERED

(Please study the list carefully and make sure you are talking out a policy giving fullest protection

	COMPLETE THE COLUMN WHERE COVER IS REQUIRED								
(a) General/ premise risk (including liability for fire explosion except liability for injury and damage insurable	Description of premises (work shop, factory , warehouse etc) Estimated number of employee annual wage roll Working at the premises.... N _____								
(b)goods hoist ,craves, lifting tackles, e,t.c.	Description	Number	Motive Power	Whether over Public Street	Number				
Who examines them for defects, and how often?									
© your premises (including liability for fire explosion except liability for injury or damage insurable by a boiler policy)	Where will the work be carried out? What kind of work will be? Annual Wage Roll Estimated number of employee Working away from premises..... N								
(d) pedal cycles and hand carts	Number used in your business- pedal cycles handcartss								
(e) Employees of sub contracts	Nature of work sublet: Estimated amount of sub contracts:								
Do you desire cover in respect of your liability for injury or illness arising from harmful ingredients in good or beverage sold by you (additional premium required by risk)	Annual turnover Under this extension the indemnity for anyone event is also yearly the limit.....								
(f) does your trade involve any risk(other than as described in (a) to (f) above) for injury to third parties or damage to their property? If so, please give full details.									
(1)give full particular and details of any machinery and electrical appliance used (a) at your premises & (b) on outside work	(a)	(b)							
(2) Are all your premises and appliances in sound state of repair?									
BVN									

11. Is public Liability to be included? If yes, State limit of indemnity required for anyone accident.	Yes/No
12. Give full description of any public or Private property a.) Adjoining or adjacent to the site of the works: b.) within 500 meters of the site.	
13. Give details of any pilling, thrust boring, tunneling, shaft sinking, dewatering, underpinning or similar operations: the distance of such operations from the nearest Third Party property.	
14. Is the liability of the principal to be included in the cover?	Yes/No
15. Are cross Liabilities between the Various insured's to be included?	Yes/No
16. Have you made any claims under Public liability insurance in the last 5 years?	Yes/No
17. Name and Address of Banker	
PERSONAL DETAILS	
18. Full Name	
19. Sex	
20. Date Of Birth	
21. Contact Address Office/Home	
22. Occupation	

DATA PROTECTION NOTICE AND CONSENT

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23. Type Of Identity a). Current Driver's License b) National I.D c) Current International Passport (Copy Of Identification Document To Be Submitted)	
24. Identifier No Identifier State Identifier Country Nationality Resident Permit (For Non-Nigerian)	
25. State of Origin	
26. E-Mail	
27. BVN	
28. Documentary evidence of address: Electricity bill Tenancy agreement	
<p>We hereby declare that the statements made by us in this proposal are complete and true to the best of our knowledge and belief and we hereby agree that this proposal shall from basic and be part of the contract between us and LASACO ASSURANCE PLC. We further agree to accept a policy subject to the term, exceptions prescriptions by the company.</p> <p>Date.....Signature.....</p> <p>Note; "an insurance agent who assists an applicant to complete an application form for insurance shall be deemed to have done so as the agent of the application."</p> <p>FOR OFFICE USE: Client risk category: High risk..... Medium risk..... Low risk.....</p> <p>Compliance officer's signature.....</p> <p>Head of department signature.....</p>	



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CONTRACTOR'S
— ♦ ALL RISKS ♦ —





CONTACT US FOR THE FOLLOWING RISKS

- Fire
- Motor Marine & Aviation
- Cash in Transit

- Personal Accident
- Contractors All Risks
- Employer's Liability

- Goods in Transit
- Vehicle
- Oil & Gas etc

<div>IMPORTANT INFORMATION</div> <div>1. An Insurance Agent who assists an Applicant to complete an application or proposal for Insurance shall be deemed to have done so as the Agent of the applicant in accordance with section 54(2), Insurance Act 2003</div> <div>2. The liability of the company does not commence until this application is accepted and the premium is paid in accordance with session 50(1) of insurance Act , 2003</div>					
PROPOSAL FORM FOR CONTRACTOR'S ALL RISKS INSURANCE (ALL QUESTION MUST BE ANSWERED AS FULLY AS POSSIBLE)					
<div>1. Parties to the contract</div> <div>Name and address of:</div> <div>A.The principal</div>					
<div>b.The contractor(s)</div> <div>i. incorporation number</div> <div>ii. operating business address</div> <div>iii. operating business phone</div> <div>iv. incorporation state & country</div> <div>v. financial year end</div> <div>vi. last audited/unaudited account</div> <div>vii. authorized capital (000)</div>					
<div>vii. paid-up capital (000)</div>					
<div>c. sub-contractor(s)d.</div>					
<div>d. architect/ consulting engineer</div>					
<div>2. Location of contract site</div> <div>Exact description of geographical situation</div>					
<div>3. Name and kind of project.</div>					
<div>4. Dates and periods</div> <div>a.construction period</div> <div>b.maintenance period</div> <div>c. type of maintenance cover required(please tick)</div>		<div>.....months from.....</div> <div>.....months thereafter</div> <div>A.limited cover or extended cover</div>			
<div>5. Amounts to be insured</div> <div>a. contracts work including temporary and permanent works (total cost)</div> <div>b. temporary buildings</div> <div>c. construction equipment and installation –e.g. materials used material used fro scaffolding, sewage installations tools, tackles. E.T.C</div> <div>d. construction machinery e.g. bulldozer, bumpers, graders, cranes, piled river, E.T.C</div> <div>e. clearance of debris.</div> <div>f. architect, surveyors and consulting engineer's fees.</div>		<div>N.....</div> <div>N.....</div> <div>N.....</div> <div>N.....</div> <div>N.....</div>			
<div>6. Details of contract.</div> <div>a. Give general description of the project (work to be performed and method of construction); including as much as possible . It will be of great assistance if the following can be enclosed.</div> <div>i. General layout plan.</div> <div>ii. Plans showing cross section, type of construction methods.</div> <div>b. Include copies of the following:</div> <div>i. insurance clauses of condition of tender and / or works contract.</div> <div>ii. breakdown of prices.</div> <div>c. Specify work to be carried out by sub- contractors.</div> <div>d. Specify whether the complete building is to be insured or the structure only (shell of building</div>					
<div>7.General information</div> <div>a. Please give exact description of topography</div> <div>b. geological and sub- soil conditions of the contract site</div> <div>c. Is there any history of flooding at contract site?</div>					
<div>d. Give details of any river, streams, canals or other water and state distance there from.</div> <div>e. please state the level of such river, lake, sea in relation to the level of the contract</div> <div>i. at low water</div> <div>ii. at mean water</div> <div>iii. highest level ever recorded.</div> <div>f. At what depth is the ground water expected to be encountered?</div>					
<div>8. a. state depth of excavations:</div> <div>b. are there any underground main services on or about the situation of the contract?</div> <div>If yes, give details.</div> <div>c.) Will any blasting be carried out at or near the contract site?</div> <div>If Yes, Give details</div> <div>d.) Will any piling be carried out?</div> <div>If Yes, Give Details</div>		<div>I.) average depth</div> <div>ii.) maximum depth</div> <div>Yes/No</div> <div>Yes/No</div> <div>Yes/No</div>			
<div>9. Is the contractor experienced in the specific type of contract and in the specific method of construction?</div> <div>Give details of the similar projects carried out during the last 5 years?</div>				<div>Yes/No</div>	
<div>10. Have you made any claims under this type of policy in the last 5 year?</div> <div>If Yes, Give Details</div>				<div>Yes/No</div>	

PERSONAL GUARANTEE BY THE DIRECTORS

In consideration of LASACO ASSURANCE PLC a company incorporated in Nigeria and having its registered office at Plot 16, Acme Road, Ikeja, Lagos. (Hereinafter referred to as('The Surety') executing a bond on behalf of.

(Hereinafter referred to as 'The Indemnitor)

- a) In favour of:
- b) In the amount of:
- c) In respect of:

WHEREBY the indemnitor executed a counter indemnity in favour of the surety to indemnify the surety against all claims and liabilities under the said bond and pay to the surety on demand such monies together with the costs and expenses incurred by the surety in respect thereof.

We the DIRECTORS of the Indemnitor jointly and severally hereby agree as follows:

- 1) That the Indemnitor will comply with all the terms and conditions of the counter indemnity and that we shall make good any default on the part of the indemnitor in making any payment under the counter indemnitor or in carrying out any of the- other terms.
- 2) To indemnify the surety against all lose damage or expenses which the surety may suffer as a result of executing the bond
- 3) Our liability to the surety hereunder shall be as principal debtors and shall not be affected by any indulgence or forbearance shown by the surety to the indemnitor.
- 4) This shall be a counting security until all sums due to the surety under the counter – indemnity shall have been paid.

1. Full Name:

Signature:

Sex:

Date of birth

Contact address: - Residential
- Operating

Occupation: _____

BVN: _____

Identity type: Driver's license ☐ National I.D ☐ International Passport ☐

Identifier No:_____Identifier State_____

Identifier Country_____Nationality_____
(Copy of Identification document to be submitted)

State of Origin:_____

Email: _____

Phone Number:_____

Mother's maiden name:_____

Source of fund:_____

1. BVN: _____

2. Full name: _____

Signature:_____

Sex:_____

Date of birth:_____

Contact address: -Residential
-Operating

Resident permit (for Non-Nigerian)

Occupation:
And others as in (1) above
Phone Number:
Signature:

FOR OFFICE USE:

Client Risk Category: High Risk
Medium
Low Risk

Compliance Officer's Signature



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CONTACT US FOR THE FOLLOWING RISKS

- Fire
- Motor Marine & Aviation
- Cash in Transit
- Personal Accident
- Contractors All Risks
- Employer's Liability
- Goods in Transit
- Vehicle
- Oil & Gas etc
- Bond, Engineering etc.

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BID/ADVANCE PAYMENT/PERFORMANCE BOND PROPOSAL FORM

1. Names and address of Contracting Company	
2. Incorporation Number	
3. Type of business Phone	
4. Operating State	
5. Incorporation State	
6. Financial Year End	
7. Last Audited/Unaudited Account	
8. Authorized capital (*000)	
9. Paid up capital (*000)	
10. For whom is the contract to be undertaken	
11. Brief description of work to be carried out. (A copy of the contract, General Conditions and specification must be forwarded for perusal)	
12. Total amount of contract	
13. Amount of bond i. Bid ii. Performance iii. Advance Payment.	
14. a. Date work is to be commenced b. Date work is to be completed	
15. How long has the company been established	
16. What experience has the company had on this type of contract	
17. a. Has any director or partner ever been bankrupt or compounded with his creditors b. if so, when, and has he been discharged?	
18. Name and address of company bankers	
19. Give particulars of any other insurances	

THIS COUNTER GUARANTEE

In consideration of **LASACO ASSURANCE PLC** (hereinafter called “The Surety”)
e x e c u t i n g a b o n d o n b e h a l f o f

of _____ in favour of

In consideration with the construction of _____

I _____

of _____

do hereby bind myself, my heirs, executors, administrators and assigns to indemnify the surety against all claims and liabilities under the said bond to pay on demand to the surety the full amount of such monies together with all costs and expenses incurred by the surety in respect thereof.

In pursuant of this counter guarantee the surety shall be entitled whenever notification of claims or potential claims is received in respect of the said bond to call upon the indemnitor to deposit with the surety the full amount of the said bond. Such deposit shall be paid by the indemnitor to the surety within fourteen days after request in writing and expenses in connections therein.

If there is a surplus in the hands of the surety after settling all such claims cost and expenses such surplus shall be refunded forthwith to the indemnitor but if there is deficiency the mount of such deficiency shall be paid by the indemnitor to the surety forthwith upon request in writing before enforcing this counter guarantee the surety shall not be obliged to take any steps to recover from any other person any monies due to the surety nor be obliged to enforce any of the Surety's rights in any order of priority and no variation or release of any obligation as foresaid or release of any other security shall in anyway reduce or otherwise affect the liability of the indemnitor hereunder.

DATA PROTECTION NOTICE AND CONSENT

Lasaco assurance plc is data protection regulation compliant. All information submitted by you will be processed and managed in line with the Nigeria data protection regulation.

SIGNED, SEALED AND DELIVERED

By the said:

SIGNATURE

DATE

In the presence of:

Name:_____

SIGNATURE

Address_____

Occupation_____ Date_____

LASACO ASSURANCE PLC BRANCH NETWORK

HEAD OFFICE:

LASACO House, Plot 16, Acme Road, Ogba, Ikeja, P.O. Box 3724, Lagos,
Nigeria

Tel: 07000527226

e-mail: info@lasacoassurance.com

website: www.lasacoassurance.com

ABEOKUTA BRANCH
Majek Kembo House,
24, Lalubu street, Ilewo, Ibara,
Abeokuta, Ogun state.
Branch Manager: Mr. Bode Pratt
Mobile No: 08027479229

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Lagos State Government,
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Branch Manager: Mrs. Yemi Ajani
Mobile No: 08023100519

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Opposite Glo office
Effurun, Warri, Delta State.
Branch Manager: Mr. Seun Sangbiyi
Mobile No: 08038361816, 08056714920



ANNUITY

Authorized and Regulated by the National Insurance Commission (NIC 023)



LASACO ANNUITY (LA)

Annuity is a series of payments made at (equal) intervals of time in consideration of a lump sum or regular contribution made over a pre-defined period.

The income you receive from Annuity may be paid monthly, quarterly, semi-annually or annually. The size of the payments is determined by a variety of factors including the size of the lump sum and age at entry.

The Pensions Reform Act 2014 among other provisions compels every employee with Retirement Savings Account (RSA) with a Pension Fund Administrator (PFA) to either use the balance in his/her RSA at retirement to purchase Programmed Withdrawals with a PFA or Annuity for life from a licensed Insurance Company.

FEATURES

Guaranteed life-time income as payments are made to the Annuitant for as long as he/she lives

The guaranteed period attached to annuity products implies that if Annuitant dies within the specified period, the beneficiaries shall receive the outstanding payments

The benefits are protected from creditors.

There is no limit to the amount you can invest in annuity and the investment and return on investment are tax exempt.

Premium could be paid as a lump sum or by instalments

Investment risk is borne by LASACO

BENEFITS

LA guarantees payment for life as long as the Annuitant lives. If death occurs within ten years of the policy, the balance of the investment with the accrued interest will be paid to the named beneficiary(ies).

LA ensures that an Annuitant is not penalised for out living his/her retirement age.

FACTS ABOUT LASACO

- Strong asset base
- Solid expertise and stable manpower
- Prompt benefit settlement
- The financial resource to see you through - day by day
- 1st International Standards Organization (ISO) certified Insurance Company in Nigeria.

We are committed to a set of business principles based on our core values: Excellence, Professionalism, Integrity, Customer Focus, Trust, Accountability, Creativity and Team work. These core values represent the basis upon which we conduct our businesses and relate to others in the market place. We have the capacity to deliver suitable products for your needs.

We promise a better tomorrow no matter what life throws at you.

LIST OF HAZARDOUS GOOD

Acetylene (liquid)	iron-bound bales)
Acids of all kinds	Jute in full-pressed bales of otherwise
(except Acetic Citric and Tartaric)	Kapok
Aluminium Carbide Dust. Powder	Kerosene
or Resinate	Land and Animal fats of all kinds
Asphalt	Lime
Bamboo Mats	Lime (Unslacked)
Benzene	Lubricants containing mineral oil or other
Benzoline	mineral products
Bichronate of Potash	Matches of all kinds
Bi-Sulphide of Cardon	Metallic Potassium
Bitumen other than emulsified)	Mung
Bitumen containing not less	Naphita
than 45% of water	Naphitalene
and packed in metal drums	Nitrate of all kinds
Blacks of all kinds	Nitrate of Potash
Calcium Carbide	Oils of all kinds (other than vegetable oil
Calcium Cynanamide except	in tins not exceeding 10 lbs in weight and
when packed in hermetically	/or bottles
sealed drums, and each	Oil seed cake (including cotton seed cake)
manufacturing certificate that	Oil seed meal
the tins contains not more than	Paints other than water based emulsion-
0.3% of Carbide	paint
Camphene	Paper Asphalted, Tarred and Oiled
Camphor	Percholerate of Potash
Candles	Permagnate of Potash (Potassium Peroxide)
Caustic Potash	Petroleum and its liquid products
Celluloid and Xylonite and other	Phosphorus
similar substances	Pitch
Charcoal	Potash
Chlorate of all kinds	Rags
Cinematograph films	Resin
Cocogem other than tins and	Resin of all kinds
/or in bottle.	Rubber solution
Codilla	Saw dust
Coir Yam Coir Matting and Coir Rope	Shoddy
Copra, Copra Cake and Copra Metal	Spirits of all kinds not in bottles
Cotton (weather in fully-pressed bales	Stearine
or otherwise)	Suphide, metallic of all kinds
Explosives of all kinds (including)	Sulphur
ammunition and	Sulphur, Dyes, or Colour (excluding those
percussion caps)	packed in airtight metal vessels labelled
Fireworks of all kinds	with a certificate by the manufacturers at
Fish Guano and Fish manure	least 10% of incert organic salts)
Ghee (other than vegetables Ghee in	Tallow (manufactured or
this not	unmanufactured0
exceeding 10 lbs in weight	Tar and/or its liquid products (other than
and/or bottles)	in bottles)
Glycerine	Turpentine
Grasses of all kinds and Straw	Varnish
Grass mats, other than in fully	Vegetables, Fabrics of all kinds
pressed bales	Vegetables, Gum of all kinds
Gunny bags (other than in fully	Waste of all kinds (excluding silk and tea
pressed iron-bound bales)	waste)
Hemp	Wax of all kinds
Hessians (other that in	
fully pressed	

AGENT REMARKS:

NB. No Insurance is in force until the proposal has been accepted by the company and the Premium paid.

FOR OFFICE USE

REMARK _____

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Branch Manager: Mr. Seun Sangobiyi
Mobile No: 08038361816, 08056714920



FIRE & SPECIAL PERIL

Cotact us for the following Risks

Fire & Special Perils
Motor
Money
Marine & Aviation
Personal Accident

Contractor's All Risk
Employers Liability
Bonds
Public/Product Liability
Goods in Transits

Prrofessional Indemnity
Occupiers Liability
Burglary and House Breaking
Builder's Liability
Oil & Gas etc



IMPORTANT NOTICE

1. An agent who assists an applicant to complete an application or proposal form for insurance shall be deemed to have done so as the agent of the applicant in accordance with section 54(2), Insurance Act, 2003.
2. The liability of the company does not commence until this application is accepted and the premium is paid in accordance with section 50(1) of Insurance act, 2003

☐ CORPORATE
☐ INDIVIDUAL

Corporate Information

Company Name: _____
Operating Business Address: _____
State: _____ City: _____ Incorporation No: _____
Type of Business: _____ Postal Code: _____
Operating Business Phone No: _____ Fax: _____
Registered Business Address: _____

Date: _____ State: _____ Country _____
Email: _____
Incorporation State: _____ Country: _____
Financial: Year End: Date: _____ Month: _____ Year: _____
Last Audited/Unaudited Account: Date: _____ Month: _____ Year: _____
Authorised Capital (*000) _____
Paid up Capital (*000) _____
Banker: _____

Personal Details

(Individual client or a director of the corporate client to fill this action)

Title: ☐ Ma ☐ Mrs ☐ Ms. ☐ Miss. ☐ Others(specify) _____
Surname: _____
First Name: _____ Middle Name _____
Gender: Male ☐ Female ☐ Date of Birth: (DD-MM-YYYY): _____
Mother's Maiden Name: _____
Contact Address: _____
City: _____ State: _____ Country: _____
Tel No: _____ E-mail: _____ Country: _____
Identification Driver's License: ☐ National ID Card: ☐ Int'l Passport ☐
Identification Number: _____
Country of issue: _____ Date of issue (DD-MM-YYYY) _____ Date of Expiry _____
Nationality: _____ State of Origin _____
Occupation: _____
Employment Status: Employed: ☐ Unemployed ☐ Self Employed ☐
Employer's Name: _____
Employers Telephone Number: _____
Employers Address: _____
City: _____ State: _____ Country: _____
Bankers: _____
Source fund _____
BVN _____
Full Address _____

OFFICIAL USE ONLY

Risk Category: High ☐ Medium ☐ Low ☐ (Please Tick Applicable)

Client Category: High ☐ Medium ☐ Low ☐ (Please Tick Applicable)

ADDITIONAL INFORMATION

Period of Insurance _____ from _____ 20____ to 4.00PM on _____ 20 _____

PROPERTY TO BE INSURED

DESCRIPTION

1. Full Address(es) of premises _____
2. Construction of (a) external walls _____
(b) roof _____
3. Number of storey _____
4. Method of (a) lighting _____
(b) heating _____
5. **OCCUPATION OF PREMISES:-**
(a) Is the whole building used for Residential purposes only? _____
If not please answer (b) to (g)
(b) Is any retail trade carried on? _____
(c) What manufacturing processes or repair work (if any) _____
(d) Is any trade or business other than that of the proposer
carried on within the premises? _____
If so, give particulars _____
(e) What are the contents of the premises _____
(f) Are any of the goods to be insured of a hazardous nature _____
such as those listed on the back of this form?
(g) Are there any hazardous goods located outside the building(s)
and within 30 feet metre thereof? If so give particulars _____

NOTE: If more than one property details to be stated on a separate sheet to be attached.

6. ADJACENT PROPERTY

If your building is isolated , What is the distance between
it and the nearest building?

7. Describe the external walls and roofing of other adjoining buildings within a
distance of 50 metres as follows
(a) Building to the right
(b) Building to the left
(c) Building in front
(d) Building at the back

8. How are the adjacent building occupied by whom?

9. If there is any building constructed partially or entirely of
timber ☐ and rooted ☐ with leaves ☐ or thatch ☐
described
(a) Distance _____
(b) Occupation _____

FIRE EXTINGUISHING SERVICE

10. What are arrangements made on risk improvement such as:

- (a) Type of extinguishing appliance secured _____
- (b) Hydrants _____
- (c) Hose reels _____
- (d) Water Supply _____
- (e) Private Brigade _____
- (f) Distance between the building and the nearest Brigade station _____

11. Are there any circumstances apart from those names above which appear to
increase the risk of loss or damage by any of the perils to be insured against? If so,
give particulars

12. If there is any fire insurance in force on the same property, state:-

- (a) Name of insurer(s) _____
- (b) Amount of insurance(s) _____

13. Have you ever had a proposal or renewal of insurance declined, or a policy
cancelled, or renewal invited at an increased rate? If so, state name of insurer
and full particulars in each case _____

14. Have you suffered loss by fire? If so, give particular

- (a) Year _____
- (b) Policy No _____
- (c) Amount claimed N _____

15. Do you take stock at least once a year? _____

- (a) Keep a proper set of account book _____
- (b) Keep such book in a fire-proof safe? _____
- (c) Remove such books another building _____
- (d) When the above premises are closed? _____

SCHEDULE OF PROPERTY TO BE INSURED

DESCRIPTION: Separate amount to be stated for every amount to be current
insurance with other

- (a)(i) Building(s) _____
- (ii) Boundary walls, fence, gates _____
- (b) Machinery and Plant _____
- (c)(a) Stock in trade (Nature to be specified) _____
- (i) Raw materials _____
- (ii) Work-in-progress _____
- (iii) Finished goods _____
- (iv) Merchandise _____
- (d) Household goods and personal effects in the Premises (Attach list of valuation)
- (e) Office furniture & equipment trade fixture and fittings therein (list to be attached)
- (f) On _____ Months rent
- (g) Other property: _____

DATA PROTECTION NOTICE AND CONSENT

Lasaco assurance plc is data protection regulation compliant. All information
submitted by you will be processed and managed in line with the Nigeria data
protection regulation.

DECLARATION

I/We desire to effect an insurance in the terms of the usual Policy for Fire Insurance
and declare that the above statements and particulars are true. I/We further declare
that this Proposal shall be basis of the Contract between me/us and the insurer
and that the amounts to be insured represent to the best of my/our
knowledge and belief the full market value of the property stated.

Signature _____ Date _____

"ALL RISKS" INSURANCE

The company's policy offers protection against Loss, Destruction or Damage to

1. Wearing apparels including Clothing, Footwear, Headwear and the like
2. Jewellery and other valuables
3. Other specified personal effects

EXCEPTIONS**Loss, Destruction Damage.**

By war and kindred risks, nuclear risks or confiscation, requisition, destruction or damage by order of any de jure or de facto Government or public authority.

Occasioned by or happening through any process of cleaning, dyeing, repairing or restoring, moth, insects vern wear and tear, gradual deterioration, damp, mildew, the action of light, atmospheric or other climatic conditions of any other gradually operating cause.

Occasioned through the willful act of the insured or if any other person with the knowledge or connivance of insured.

Caused by resulting from mechanical derangement or defect or the application of electrical energy or otherwise from the normal handling of any electrical machine, domestic appliance, radio or television receiver or transmitted.

Caused by the breaking of glass or other substances of a brittle or fragile nature (other than camera lenses) unless by fire or thieves.

To property dispatched by any ship or aircraft in which the insured is not also travelling at the same time.

To money, cheques, travellers' cheques or securities for money, share certificates, bonds, promissory notes, tickets stamp and stamp collections, coin collections, medals, contact lenses, microcorneal lenses, business books, books of account, plans, specifications, documents of title to goods, contracts or other legal documents of any other kind.

To livestock, vehicles or other accessories.

Arising outside the Geographical area.

We/I declare that to the best of our/my knowledge and belief, all the foregoing statements and particulars are true, and we/I agree that this proposal shall be the basis of a contract of insurance to be expressed in the usual terms of the company's policy.

Date: _____

Proposer's Signature _____

Agency: _____

No insurance is in force until the proposed has been accepted by the company premium paid

For official use _____

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**Contact us for the following risks:**

- Fire & Special Perils
- Fidelity Guarantee
- Builder's Liability
- Motors
- Professional Indemnity
- Occupier's Liability
- Money Insurance
- Contractor's All Risk
- Goods in Transit
- Marine & Aviation
- Employer's Liability
- Oil & Gas etc.

IMPORTANT NOTICE

1. An agent who assists an applicant to complete an application or proposal form for insurance shall be deemed to have done so as the agent of the applicant in accordance with section 54(2), Insurance Act, 2003.
2. The liability of the company does not commence until this application is accepted and the premium is paid in accordance with section 50(1) of Insurance act, 2003

THE PROPOSER

☐ CORPORATE

☐ INDIVIDUAL

Corporate Information

Company Name: _____

Operating Business Address: _____

State: _____ City: _____ Incorporation No: _____

Type of Business: _____ Postal Code: _____

Operating Business Phone No: _____ Fax: _____

Registered Business Address: _____

Date: _____ State: _____ Country: _____

Email: _____

Incorporation State: _____ Country: _____

Financial: Year End: Date: _____ Month: _____ Year: _____

Last Audited/Unaudited Account: Date: _____ Month: _____ Year: _____

Authorised Capital (*000) _____

Paid up Capital (*000) _____

Banker: _____

Personal Details

(Individual client or a director of the corporate client to fill this action)

Title: ☐ Ma ☐ Mrs ☐ Ms ☐ Miss ☐ Others(specify) _____

Surname: _____

First Name: _____ Middle Name: _____

Gender: Male ☐ Female ☐ Date of Birth: (DD-MM-YYYY): _____

Mother's Maiden Name: _____

Contact Address: _____

City: _____ State: _____ Country: _____

Tel No: _____ E-mail: _____ Country: _____

Identification Driver's License: ☐ National ID Card: ☐ Int'l Passport ☐

Identification Number: _____

Country of issue: _____ Date of issue (DD-MM-YYYY) _____ Date of Expiry _____

Nationality: _____ State of Origin _____

Occupation: _____

Employment Status: Employed: ☐ Unemployed ☐ Self Employed ☐

Employer's Name: _____

Employers Telephone Number: _____

Employers Address: _____

City: _____ State: _____ Country: _____

Bankers: _____

BVN _____

Source fund _____

Full Address _____

OFFICIAL USE ONLY

Risk Category: High ☐ Medium ☐ Low ☐ (Please Tick Applicable)

Expected Premium N _____

Client Category: High ☐ Medium ☐ Low ☐ (Please Tick Applicable)

ADDITIONAL INFORMATION SITUATION OF RISK

1. (a) is the residence containing the property to be insured a private Dwelling House, Flat, Apartment, Hotel or Boarding House? (b) If a Flat or Apartment, is it self-contained?	
2. If any part of the premise is occupied for other than Residence, please state for what purpose.	
3. Will the residence regularly be left without an occupant during the day time?	
4. Is the residence occupied solely by yourself and family?	
5. Does the sum to be insured represent the full value of the property?	
6. (a) Have you previously proposed for insurance against fire, burglary or "All Risks" and are you now insured? (b) Has any insurer declined or require special terms to insure you or cancelled or refused to renew your insurance against such risks? (c) During the part five years, have you made a claim under an insurance against such risk or sustained any loss or damage which would be covered by such insurance? In each case, please give the date and full details including the name of the insurer.	

IMPORTANT

PROPERTY TO BE INSURED

A separate description and value must be given for each article of greater value than N10,000.00 (or currency equivalent in the case of all times.

All property must be insured for its FULL VALUE; otherwise the insured may have to bear part of any loss

Description of Property	Sums to be insured
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total	

If space is insufficient, please attach a continuation sheet

Identification: Driver’s License.....

National ID Card.....

International Passport.....

(Copy of identification document to be submitted)

Identification Number.....

Country of Issue.....

Date of Issue (DD-MM-YYYY).....

Date of Expiry (DD-MM-YYYY).....

Nationality.....State of Origin.....

Resident Permit (For Non-Nigerian).....

Occupation.....

Employment Status: Employed.....

Employer Name.....

Employer Address.....

Employer’s Telephone.....

Bankers.....

Source of Fund.....

BVN.....

CORPORATE INFORMATION

Company's Name_____

Operating Business Address:_____

State:_____ City:_____

Incorporating Number:_____

Type of Business:_____

Operating Business Phone Number:_____

Fax:_____

Registered Business Address: _____

City:_____ State: _____

Country _____

E-mail _____

Last Audited/Unadited Account: _____

Day_____ Month _____ Year _____

Banker: _____

Source of fund _____

BVN _____

PERSONAL DETAILS OF DIRECTORS

(This is similar to the details to be supplied by individual client)

Title.....

Surname.....

First Name.....

Middle Name.....

Gender: Male.....Female.....

Date of Birth: (DD-MM-YYYY).....

Mother’s Maiden Name.....

Contact Address:.....

City.....State.....

Country.....

Telephone No.....

E-mail.....

Identification: Driver’s License.....

National ID.....

International Passport.....

Identification No.....

Country of Issue.....

Date of Issue (DD-MM-YYYY).....

Date of Expiry.....

Nationality.....

State of Origin.....

Occupation.....

Employer’s Name.....

Employer’s Address.....

Employer’s Telephone No.....

DATA PROTECTION NOTICE AND CONSENT

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DECLARATION

I/We desire to effect an insurance in the terms of usual policy for motor insurance and declare that the above statements and particulars are true.

I/We further declare that this proposal shall be the basis of the contract between me/us and the insured and the amount to be insured represent the value of the vehicles to the best of my/our knowledge.

No insurance is in force until the proposal has been accepted by the company and the premium paid in full.

Date.....20..... Signature.....

Agency.....Policy No.....

FOR OFFICIAL USE ONLY

Compliance Officer’s Signature.....

Head of Department’s Signature.....

Client Risk Category.....(HIGH)

.....(MEDIUM)

.....(LOW)

LASACO ASSURANCE PLC

BRANCH NETWORK

HEAD OFFICE:

LASACO House, Plot 16, Acme Road, Ogba, Ikeja, P.O. Box 3724, Lagos, Nigeria

Tel: 07000527226

e-mail: info@lasacoassurance.com

website: www.lasacoassurance .com

ABEOKUTA BRANCH

Majek Kembo House, 24, Lalubu street, Ilewo, Ibara, Abeokuta, Ogun state.

Branch Manager: Mr. Bode Pratt

Mobile No: 08027479229

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ITF House, 6, Adetokunbo Ademola Crescent, Maitama, Abuja

Tel: 09-5237163, 09-5232131

Branch Manager: Mr. Adekunle Hamza

Mobile No: 08055065371

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Mobile No: 07033234382, 08027271804

KANO BRANCH

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Branch Manager: Mr. Sule Halilu

Mobile No: 08037267104

KADUNA BRANCH

Hamza Zayad House Road NNIC Building, 4 Muhammed Buhari/ Ahmadu Bello way Kaduna State

Branch Manager: Mr. Kazeem Shobowale

Mobile No: 08028542539

PORT HARCOURT BRANCH

200, Aba Road, Waterline Bus Stop Port Harcourt, River State.

Branch Manager: Mrs. Toyin Itiabe

Mobile No: 08064348913, 08023207297

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Block E1 Suit 5, Ayegbaju Market, Behind Omoluabi Mortgage Bank Plc. Oshogbo, Osun State.

Branch Manager: Mr. Kayode Okeremi

Mobile No: 08069135662, 08072535999

WARRI BRANCH

60, Effurun, Sapele Road, Opposite Glo office Effurun, Warri, Delta State.

Branch Manager: Mr. Seun Sangobiyi

Mobile No: 08038361816, 08056714920

UYO BRANCH

178, Ikot Ekpene Road, Akwa Ibom State

Branch Manager: Mrs. Toyin Itiabe


Mobile No: 08064348913, 08023207297

YOLA BRANCH

1, Bishop Road, Adamawa Homes and Savings Building Jimeta-Yola

Branch Manager: Mr. Yilong Jonah

Mobile No: 07098713703





COMMERCIAL VEHICLE



CONTACT US FOR THE FOLLOWING RISKS

- Fire & Special Perils
- Motor
- Marine & Aviation
- Personal Accident
- Oil and Gas

- Contractor’s All Risk
- Employee Liability
- Bonds
- Public/Product Laibility
- Goods in Transit

- Professional Indemnity
- Occupiers Liability
- Burglary and House Breaking
- Builder’s Liability

IMPORTANT NOTICE

1. An agent who assists an applicant to complete an application or proposal form for insurance shall be deemed to have done so as the agent of the applicant in accordance with section 54(2), Insurance Act, 2003.

2. The liability of the company does not commence until this application is accepted and the premium is paid in accordance with section 50(1) of Insurance act, 2003

COVERS AVAILABLE

The first party is the insurance company. The second party is the insured (yourself). Third Party is the person(s) you may get involved within an accident.

THIRD PARTY COVERS ONLY	THIRD PARTY FIRE & THEFT COVER	COMPREHENSIVE COVER
		Damage to your vehicle as a result of collision or overturning of vehicle
		Theft of your vehicle
	Free damage to your vehicle	Fire damage to your vehicle
Legal Liability for 3rd Party bodily injury, death or damage to third party's property	Legal Liability for 3rd Party bodily injury, death or damage to third party's property	Legal Liability for 3rd Party bodily injury, death or damage to third party's property

OPTIONAL BENEFITS
Legal Liability to occupants/passenger
Additional medical expenses benefit
Increase in third party property Damage Limit
Loss or damage to accessories
Strike, Riot & Civil Commotion

A copy of the policy document containing the full terms and exceptions can be made available to you on request.

Please note that in certain circumstances, you may be required to bear the first part of the cost in respect of any loss or damage to your vehicle.

PARTICULARS OF ALL VEHICLES TO BE INSURED

To avoid delay give full answer to each question.
Dashes or Ticks are not sufficient

For Trailers-state total number and description of each including identification mark value and carrying capacity

Proposer's Estimate of present Value including Accessories			
Number of seats including Driver			
Year of Manufacture			
C.C			
Type of body			
Date of Purchase			
Chassic No: and Engine No:			
Cost Price When New			
Make of Each Vehicles			
Index Mark and Registration Number			

RISK TO BE INSURED

1. State cover required (e.g) Comprehensive. Third Party and Theft etc.....

2. Special Conditions required if any (e.g) strike, Riot and Civil Commotion, Excess Buy back e.t.c

3. (a) For what purpose will the vehicle be used
(i) Carriage of own goods only.....
(ii) Carriage of goods for hire or rewards.....
(iii) Public passenger for hire or reward.....
(iv) Private Passenger Bus.....
(v) Motor Trade.....
(b) What is the general nature of the goods to be carried?.....
(c) Has any vehicle been altered or adapted to carry a load heavier than that state in the maker's published specification?.....
(d) What class of license is held for each vehicle(s) (i.e A, B, or C)

4. In what Countries will the vehicle(s) be used?
Note: Unless an extension is otherwise agreed, all policies are valid only in Nigeria

5. Period of Insurance to commence
b. Annual Renewal Date.....

GENERAL INFORMATION

6. Are you the sole owner of the vehicle(s)?.....
If not, is the car(s) being hired?.....
or being purchased under the hire purchase system or loan agreement by the employer?..... If the latter, state the name of the Finance Company.....

7. Will the vehicle be driven solely by you? If not, state
(a) Total Number of Employees licensed to drive the vehicle(s)
(b) The driving experience of Drivers.....

8. To the best of your knowledge and belief do you, or does any other person who to your knowledge will drive, suffer from any physical infirmity or from defective vision or hearing?.....

9. To the best of your knowledge in the past five years.
Been fined?.....
Had license endorsed?.....
Be convicted of any motoring offence? If so, give particulars and date.....

10. Is there any prosecution pending for such an offence?

11. Have you any Motor Insurance Policy? If so, state name of Insurers.....

12. Have any Insurer(s) ever:
A. Decline your proposal?
B. Required you to carry the first portion of any loss?
C. Required an increased premium or impose special conditions?.....
D. Refused to renew or cancelled your policy?

13. Have you suffered any loss, involved in an accident, or have you any cause to claim from insurance company?
B. If yes, give details.....

14. If you are entitled to a "No Claim" Discount under a previous insurance, Please give full particular and attach last renewal notice.....

PERSONAL INFORMATION

Title: Mr.....Mrs.....Ms.....

Miss.....Other (specify).....

Surname.....

First Name.....

Middle Name.....

Gender: Male.....Female.....

Mother's Maiden Name:.....

Contact Address.....

Residential Address.....

City.....

State.....

Country.....

Private Phone No.....

Business Phone No.....

FACTS ABOUT LASACO

- Strong asset base
- Solid expertise and stable manpower
- Prompt benefit settlement
- The financial resource to see you through - day by day
- 1st International Standards Organization (ISO) certified Insurance Company in Nigeria.

We are committed to a set of business principles based on our core values, Excellence, Professionalism, Integrity, Customer Focus, Trust, Accountability, Creativity and Team work.

These core values represent the basis upon which we conduct our businesses and relate to others in the marketplace.

We have the capacity to deliver suitable products for your needs.

We promise a better tomorrow no matter what life throws at you.

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Branch Manager: Mr. Seun Sangobiyi
Mobile No: 08038361816, 08056714920



PERSONAL ACCIDENT

Contact us for the following risks:

- | | | |
|-----------------------|--------------------------|------------------------|
| Fire & Special Perils | ▶ Fidelity Guarantee | ▶ Builder's Liability |
| Motors | ▶ Professional Indemnity | ▶ Occupier's Liability |
| Money Insurance | ▶ Contractor's All Risk | ▶ Goods in Transit |
| Marine & Aviation | ▶ Employer's Liability | ▶ Oil & Gas etc. |



IMPORTANT NOTICE

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2. The liability of the company does not commence until this application is accepted and the premium is paid in accordance with section 50(1) of Insurance act, 2003

THE PROPOSER

Personal Details

Title: ☐ Ma ☐ Mrs ☐ Ms ☐ Miss ☐ Others(specify) _____

Surname: _____

First Name: _____ Middle Name _____

Gender: Male ☐ Female ☐ Date of Birth: (DD-MM-YYYY): _____

Mother's Maiden Name: _____

Contact Address: _____

City: _____ State: _____ Country: _____

Tel No: _____ E-mail: _____ Country: _____

Identification Driver's License ☐ National ID Card: ☐ Int'l Passport ☐

Identification Number: _____

Country of issue: _____ Date of issue _____ Date of Expiry _____

Nationality: _____ State of Origin _____

Occupation: _____

Employment Status: Employed ☐ Unemployed ☐ Self Employed ☐

Employer's Name: _____

Employers Telephone Number: _____

Employers Address: _____

City: _____ State: _____ Country: _____

Bankers: _____

BVN _____

Source fund _____

Full Address _____

ADDITIONAL INFORMATION

Does your occupation otherwise require you to travel widely or regularly.

Please describe fully.

Do you (a) drive or (b) own an automobile.

What sporting activities do you engage in? Give details.

Are there any circumstances, connected with your occupation, health, habit of life, past times which render you particularly liable to injury or illness.

If so give details

Have you ever suffered from infection of the eyes, ears or heart, paralyses, nervous disorders, varicose veins, rupture or any chronic ailment?

.....

.....

Do you normally enjoy good health.....

.....

Have you ever sustained injury or disablement by accident(s) or illness(es) during the last five years?

Are you at present insured against accidents? If so with what company and for what amount?

Have you ever in relation to life, sickness or accident insurance had a proposal or renewal declined or had special terms applied?

.....

.....

In case of death, please state the beneficiary.

Name:

GSM No:

Address:

Relationship:

Name:

GSM No:

Address:

Relationship:

Name:

GSM No:

Address:

Relationship:

AMOUNT OF BENEFIT SELECTED

Section A

Death:

Section B

Permanent Disablement:

Section C

Temporary Disablement:per week

Section D

Medical Expenses:

Insurance to commence from:to:

Be renewable annually

DATA PROTECTION NOTICE AND CONSENT

Lasaco assurance plc is data protection regulation compliant. All information submitted by you will be processed and managed in line with the Nigeria data protection regulation.

DECLARATION

I hereby warrant the truth of all the above statement, that I am in good health, and that I have not withheld any materials information, and I hereby agree to give notice to the undermentioned company of any variation in my profession or occupation, health, habits or past times.

I agree to accept a policy subject to the terms exception and conditions prescribed by the company and that this declaration shall be basis of the contact between me and **LASACO Assurance Company Plc.**

DATED.....20.....

Proposer's Signature.....

FOR OFFICIAL USE

Risk Category: High ☐ Minimum ☐ Low ☐ (Please tick appropriately)

Client Category: High ☐ Minimum ☐ Low ☐ (Please tick appropriately)

Policy No:

Expected Premium N

YEAR	TOTAL GROSS COST OF LOSSES					
				Amount Outstanding		
	Fire	Theft	Accidental Damage	Fire	Theft	Accidental Damage
20_____						
20_____						
20_____						
20_____						

DATA PROTECTION NOTICE AND CONSENT

Lasaco assurance plc is data protection regulation compliant. All information submitted by you will be processed and managed in line with the Nigeria data protection regulation.

Declaration

I/we hereby warrant the truth of the above statements and I/we declare that I/we have withheld no information whatever that might tend in any way to increase the risk of the company or influence (4) of this proposal. I/we agree that this proposal shall be the basis of the contract between me/us and the company. And I/we further agree to accept the company's policy applicably to the insurance.

Date Signature

No insurance is in force until the proposal has been accepted by the company and the premium or a deposit paid.

Period of insurance: From to 20

Agency

NOTE:

"An insurance agent who assist an applicant to complete an application or proposal form for Insurance shall be deemed to have done so as the agent of the applicant .

"All questions must be answered in full. Dashes and Ticks are insufficient. If the space provided is not sufficient, continue on a separate sheet.

FOR OFFICIAL USE

Remarks: _____

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GOODS IN TRANSIT



CONTACT US FOR THE FOLLOWING RISKS

- Fire
- Motor Marine & Aviation
- Cash in Transit
- Personal Accident
- Contractors All Risks
- Employer's Liability
- Goods in Transit
- Vehicle
- Oil & Gas etc



IMPORTANT NOTICE

1. An agent who assists an applicant to complete an application or proposal form for insurance shall be deemed to have done so as the agent of the applicant in accordance with section 54(2), Insurance Act, 2003.
2. The liability of the company does not commence until this application is accepted and the premium is paid in accordance with section 50(1) of Insurance act, 2003

THE PROPOSER

☐ CORPORATE

☐ INDIVIDUAL

Corporate Information

Company Name:_____

Operating Business Address:_____

State:_____City:_____Incorporation No:_____

Type of Business:_____Postal Code:_____

Operating Business Phone No:_____Fax:_____

Registered Business Address: _____

Date:_____State:_____Country:_____

Email:_____

Incorporation State:_____Country:_____

Financial: Year End: Date:_____Month:_____Year:_____

Last Audited/Unaudited Account: Date:_____Month:_____Year:_____

Authorised Capital (*000)_____

Paid up Capital (*000)_____

Banker: _____

Personal Details

(Individual client on a director of the corporate client to fill this action)

Title: ☐ Ma ☐ Mrs ☐ Ms. ☐ Miss. ☐ Others(specify)_____

Surname:_____

First Name:_____Middle Name:_____

Gender: Male ☐ Female ☐ Date of Birth: (DD-MM-YYYY):_____

Mother's Maiden Name:_____

Contact Address:_____

City:_____State:_____Country:_____

Tel No:_____E-mail:_____Country:_____

Identification Driver's License: ☐ National ID Card: ☐ Int'l Passport ☐

Identification Number:_____

Country of issue:_____Date of issue (DD-MM-YYYY)_____Date of Expiry_____

Nationality:_____State of Origin_____

Occupation:_____

Employment Status: Employed: ☐ Unemployed ☐ Self Employed ☐

Employer's Name:_____

Employers Telephone Number:_____

Employers Address: _____

City:_____State:_____Country:_____

Bankers: _____

Source fund _____

Full Address _____

BVN _____

OFFICIAL USE ONLY

Risk Category: High ☐ Medium ☐ Low ☐ (Please Tick Applicable)

Client Category: High ☐ Medium ☐ Low ☐ (Please Tick Applicable)

Expected Premium N

ADDITION INFORMATION

1. How long have you been engaged in this trade?.....

2. Nature of goods carried or forwarded.....

3. Number of vehicles owned.....

Garage Address:.....

(a) Details of vehicles to which the insurance apply

Makes of Vehicle	Year of Make	Registration No	Maximum Carrying of Vehicle	Max. Value of goods carried	Whether Closed or Opened Type

(b) Total carrying made last year N.....

(c) Estimated value for which insurance is required:.....

(d) Limit any one loss:.....

(e) District of operation:.....

4. State average daily mileage.....

5. Will vehicle be left unattended at all time during transit?.....

6. Are all drivers accompanied? If so, by whom?.....

7. Are all vehicle locked up when not in use?.....

8. As any company:

(a) Refuse to insure you?.....

(b) Refused to renew your policy?.....

(c) Cancelled any of your policies?.....

(d) Required an increased premium or special conditions.....

9. Have you been insured before for this class of insurance?.....

If so, give name of the company.....

10. State name of the company insuring motor vehicles.....

11. Please give particulars of all losses suffered in respect of goods in

transit during the last three years.....

BURGLARY AND HOUSE BREAKING INSURANCE/ PRIVATE BUSINESS PREMISES

COVER:

The insured is indemnified in respect of

- (a) Loss of or damage to the property insured, and
- (b) Damage to the buildings of the premises described in the policies caused by theft following upon or followed by burglary or house breaking accompanying by the actual forcible and violent breaking into or our of the premises or any attempt threat.

If part of the premises is occupied by the insured as a residence and the content thereof are included in the insurance the policy extends to cover such property removed from the premises for up to 60 days in all in any One Year of insurance while the insured is temporarily residing in any private residence, hotel, club, Inn, or Boarding or Lodging within the area covered by the policy. Jewellery and other valuables forming part of such property are also covered whilst temporarily deposited in any bank, save deposit or occupied private residence within the area covered by the policy.

EXCLUSIONS

- (1) Earthquake, riot, civil commotion, and war and kindred risks.
- (2) Nuclear risks
- (3) Loss damage by fire or explosion or which can be insured by a Glass insurance policy.
- (4) Loss of or damage to
 - (a) External showcases or automatic machines or the contents thereof:
 - (b) deeds, bond, bill of exchange, bank treasury or promissory notes, cheques, money securities for money, stamps, collections of stamps or coins, medal, manuscripts of documents of any kind, sculptures, patterns, plans, models, moulds, designs, rare books, business books or papers, unless specially mentioned in the policy.
- (5) Loss or damage which concerns any member of the insured's household, his business staff or any person lawfully on the premises.

INSPECTION

The company will usually inspect the premises and may require additional protections to increase the security of the premises. This service may also benefit insured as it may prevent and the accompanying disruption.

Agency.....

The liability of the company does not commence until the acceptance of the proposal has been intimated by the company.

NOTE:

- (a) An insurance agent who assist an applicant to complete an application or proposal form for Insurance shall be deemed to have done so as the agent of the applicant .
- (b) All questions must be answered in full. Dashes and Ticks are insufficient. If the space provided is not sufficient, continue on a separate sheet.

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REMARKS.....

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6, Adetokunbo Ademola Crescent,
Maitama, Abuja
Tel: 09-5237163, 09-5232131
Branch Manager: Mr. Adekunle Hamza
Mobile No: 08055065371

AKURE BRANCH
Recabil House,
47, Oba Adesida Road,
Akure, Ondo State.
Branch Manager: Mr. Lekan Onakoya
Mobile No: 08052554042

ILORIN BRANCH
19, Unity Road,
Ilorin, Kwara State.
Branch Manager: Mrs. Ranti Amusa
Mobile No: 07033234382, 08027271804

KADUNA BRANCH
Hamza Zayad House Road
NNIC Building,
4 Muhammed Buhari/ Ahmadu Bello way
Kaduna State
Branch Manager: Mr. Kazeem Shobowale
Mobile No: 08028542539

PORT HARCOURT BRANCH
200, Aba Road, Waterline Bus Stop
Port Harcourt, River State.
Branch Manager: Mrs. Toyin Itiabe
Mobile No: 08064348913, 08023207297

WARRI BRANCH
60, Effurun, Sapele Road,
Opposite Glo office
Effurun, Warri, Delta State.
Branch Manager: Mr. Seun Sangobiyi
Mobile No: 08038361816, 08056714920



BURGLARY & HOUSE BREAKING INSURANCE

CONTACT US FOR THE FOLLOWING RISKS

- Fire
- Motor Marine & Aviation
- Cash in Transit
- Personal Accident
- Contractors All Risks
- Employer's Liability
- Goods in Transit
- Vehicle
- Oil & Gas etc

IMPORTANT NOTICE

1. An agent who assists an applicant to complete an application or proposal form for insurance shall be deemed to have done so as the agent of the applicant in accordance with section 54(2), Insurance Act, 2003.
2. The liability of the company does not commence until this application is accepted and the premium is paid in accordance with section 50(1) of Insurance act, 2003

THE PROPOSER

☐ CORPORATE

☐ INDIVIDUAL

Corporate Information

Company Name:_____

Operating Business Address:_____

State:_____ City:_____ Incorporation No:_____

Type of Business:_____ Postal Code:_____

Operating Business Phone No:_____ Fax:_____

Registered Business Address: _____

Date:_____ State:_____ Country:_____

Email:_____

Incorporation State:_____ Country: _____

Financial: Year End: Date:_____ Month:_____ Year:_____

Last Audited/Unaudited Account: Date:_____ Month:_____ Year:_____

Authorised Capital (*000)_____

Paid up Capital (*000)_____

Banker: _____

Personal Details

(Individual client on a director of the corporate client to fill this action)

Title: ☐ Ma ☐ Mrs ☐ Ms. ☐ Miss. ☐ Others(specify)_____

Surname: _____

First Name: _____ Middle Name _____

Gender: Male ☐ Female ☐ Date of Birth: (DD-MM-YYYY):_____

Mother's Maiden Name:_____

Contact Address: _____

City:_____ State:_____ Country:_____

Tel No:_____ E-mail:_____ Country:_____

Identification Driver's License: ☐ National ID Card: ☐ Int'l Passport ☐

Identification Number:_____

Country of issue:_____ Date of issue (DD-MM-YYYY)_____ Date of Expiry_____

Nationality:_____ State of Origin _____

Occupation:_____

Employment Status: Employed: ☐ Unemployed ☐ Self Employed ☐

Employer's Name:_____

Employers Telephone Number:_____

Employers Address: _____

City:_____ State:_____ Country:_____

Bankers: _____

Source fund _____

Full Address _____

BVN _____

OFFICIAL USE ONLY

Risk Category: High ☐ Medium ☐ Low ☐ (Please Tick Applicable)

Client Category: High ☐ Medium ☐ Low ☐ (Please Tick Applicable)

ADDITION INFORMATION

- 1.(a) address of premises in which property to be insured is situated

- (b) Description of premises (shop, warehouse, factory, e.t.c).

- 2.To what extent are the premises left unoccupied after business hours and during holidays?

- 3.Are stock books kept and posted promptly?

- 4.(a) Have you previously proposed for burglary insurance and are you now insured?

- (b) Has any insurer declined or required special terms to insure you or cancelled or refuse to renew your insurance ?

- (c) Have you ever suffered a loss by burglary or housebreaking at these premises or elsewhere?

In each case please give the date and full detail including the name of the insurer.

DESCRIPTION OF PROPERTY

Total Value sum to be insured

All whilst contained in the above mentioned Premises excluding any yard, garden, open place or outbuilding or other building not communicating with the main building.

SECTION 1- PROPERTY PERTAINING TO THE PROPOSER'S TRADE OR BUSINESS AS DESCRIBED ABOVE:.

1. Stock in trade the property of the proposer
2. Similar property held by the proposer in trust or on commission for loss of which he is liable.

(if wines, spirits or tobacco and cigarettes are included in the Foregoing items, please state maximum value).

- 3.Trade furniture's, fittings and utensils the property of the proposer.

DATA PROTECTION NOTICE AND CONSENT

Lasaco assurance plc is data protection regulation compliant. All information submitted by you will be processed and managed in line with the Nigeria data protection regulation.

SECTION II- PROPERTY BELONGING TO THE PROPOSER OR TO' MEMBER OF HIS FAMILY PERMANENTLY RESIDING WITH HIM, ALL IN PRIVATE USE AND CONTAINED IN THE RESIDENTIAL PORTION OF THE ABOVE MENTIONED PREMISES:-

- (1) Furniture, household and personal effect (other than property described below)

Total Value sum to be insured

- (2) Valuable, i.e. furs, jewellery gold, silver and platinum articles (other than articles described below)

-limited to one half the Amount of preceding item unless extra premium paid.

Expect for furniture, household appliances, organ, piano, radio, And television sets and articles specifically insured the amount Payable for anyone article insured under section II is limited to 5 percent of the total of sums insured by the items in Section II. a separate description and value must be given for each articles to be specifically insured.

We/I declare that to the best of my knowledge and belief that all the foregoing statement and particular and true, and we/I agree; that this proposal shall be basis of a contract of insurance to be 2expressed in the usual terms of the company's policy.

Date:_____

Proposer's signature:_____

IMPORTANT NOTICE

1. An agent who assists an applicant to complete an application or proposal form for insurance shall be deemed to have done so as the agent of the applicant in accordance with section 54(2), Insurance Act, 2003.
2. The liability of the company does not commence until this application is accepted and the premium is paid in accordance with section 50(1) of Insurance act, 2003

THE PROPOSER

☐ CORPORATE

☐ INDIVIDUAL

Corporate Information

Company Name: _____

Operating Business Address: _____

State: _____ City: _____ Incorporation No: _____

Type of Business: _____ Postal Code: _____

Operating Business Phone No: _____ Fax: _____

Registered Business Address: _____

Date: _____ State: _____ Country: _____

Email: _____

Incorporation State: _____ Country: _____

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Last Audited/Unaudited Account: Date: _____ Month: _____ Year: _____

Authorised Capital (*000) _____

Paid up Capital (*000) _____

Banker: _____

Personal Details

(Individual client on a director of the corporate client to fill this action)

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Others(specify) _____

Surname: _____

First Name: _____ Middle Name: _____

Gender: Male ☐ Female ☐ Date of Birth: (DD-MM-YYYY): _____

Mother's Maiden Name: _____

Contact Address: _____

City: _____ State: _____ Country: _____

Tel No: _____ E-mail: _____ Country: _____

Identification Driver's License: ☐ National ID Card: ☐ Int'l Passport ☐

Identification Number: _____

Country of issue: _____ Date of issue (DD-MM-YYYY) _____ Date of Expiry _____

Nationality: _____ State of Origin _____

Occupation: _____

Employment Status: Employed: ☐ Unemployed ☐ Self Employed ☐

Employer's Name: _____

Employers Telephone Number: _____

Employers Address: _____

City: _____ State: _____ Country: _____

Bankers: _____

Source fund _____

Full Address _____

BVN _____

OFFICIAL USE ONLY

Risk Category: High ☐ Medium ☐ Low ☐ (Please Tick Applicable)

Client Category: High ☐ Medium ☐ Low ☐ (Please Tick Applicable)

Expected Premium N

(PLEASE USE BLOCK LETTERS)

AGENCY

1. Full Name of Employee

Business

2. Address

3. (a) Have written reference been obtained for the preceeding three years of employment in confirmation of the honesty of each employee named? (Details of these enquiries must be produced in the event of a claim)

(b) If not, do you want us to conduct such enquiries on your behalf?

NB: The completion of a proposal form by the employee is necessary if he has been in your service for less than three years.

4. Has any application for fidelity insurance been made to any other insurance? If so state date, name of insurance and the result.

Give particulars of any loses suffered during the last 5 years through the dishonestly of employees and the steps taken to prevent recurrence.

(a) Has any employee has the power to operate on your banking account?

(b) State maximum amount on any one Cheque:

(i) On his signature alone

(ii) Jointly with another employee.

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7. What system do you have in place to prevent inclusion of fictitious names in the Pay Roll.	.
8. (a) How soon after receipt are Employee required to account for monies?	(a)
(b) Are they required to bank collections in full to your credit at once or merit to you forthwith?	(b)
9. Apart from the professional audit, how often are independent checks made on:	(a)
(a) Employees Receipt Book counterfoil against reported collections?	(b)
(b) Statements issued direct to customers whose account are outstanding and the subsequent procedure to clear accounts	©
(c) The cash book against the Receipt Counterfoils, Vouchers and Bank Statement?...	(d)
(d) The Petty Cash against Vouchers and Receipt?	(e)
(e) The physical check of travellers stock and samples?	(f)
(f) The physical check of other stocks?	
10.(a) How frequently do you balance your books	(a)
(b) How often and by whom is your professional audit conducted	(b)

I/WE HEREBY DECLARE AND AGREE THAT:-

1. The above particulars and statements are true and that this and any other written statement made by me/us or on my/our behalf for the purpose of the proposed insurance shall continue so long as the insurance remains in force to be basis of and incorporated in the Contract between me/us and the Insurer not only in respect of the Employees included herein and any other Employees who may hereinafter the included in the said insurance.

2. The conduct and accounts of all Employees to be included in this insurance have always been satisfactorily.

NOTE: 3. The insurance on contents does not cover any part of the structure ceilings of the buildings, wallpapers and like, external television and radio antenna, aerials and aerials fittings, mast and towers nor any property to be insured under another policy or unless specially mentioned, (Deeds, Bonds, Bill of Exchange, Promissory Notes, Cheques, Traveller's Cheques, Securities for money, Stamps, Documents of any kind, cash, currency notes, manuscripts, medals, coins, pedal cycles, motor vehicles and accessories of livestock).

Period Insurance required:

from.....both deeds inclusive.

No insurance is in force until the proposal has been accepted by the company, and the premium paid in full.

The company provides insurance against the following perils, subject to the terms, exceptions and conditions of the company's usual form of policy.
(Both the building and their contents are insured for the same perils subject only to the variations mentioned below. You can have a policy insuring only the buildings or only the contents or a combined policy insuring both building and contents.)

THE INSURED PERILS

Lost or damage caused by:

1. Fire, lighting, thunderbolt, subterranean fire
2. Explosion
3. Riot and Strike
4. Aircraft or other aerial devices or articles dropped therefrom.
5. Bursting or overflowing of a water tank, apparatus or pipe, in respect of buildings excluding
(A) The first N5,000.00 of each and every loss
(B) Loss or damage occurring while the buildings are left unoccupied.
6. Theft accompanied by actuals forcible and violent breaking into or out of a building or any attempt there at. In respect of contents the insurance does not cover loss or damage caused by theft occurring while the buildings are unoccupied.
7. After they have already been left unoccupied for 30 days.
8. Impact with the buildings by any road vehicle, horse or cattle not belonging to nor under the control of the insured or any member of his family normally residing with him.
9. (A) Earthquake or volcanic eruption, including flood or overflow of the sea occasioned thereby excluding in respect of the buildings, the first N500,000.00 of each and every loss
(B) Hurricane, cyclone tornado or windstorm including flood or overflow of the sea occasioned thereby excluding in respect of buildings the first N5,000.00 of each and every loss.
10. In respect of contents, flood or overflow of the sea not occasioned by insured perils 8 or 9

ADDITIONAL BENEFITS

11. Additional expenses of alternative accommodation and loss of rent are payable to the insured in the event of the buildings being rendered uninhabitable by an insured peril, limited above to 10% of the total sum insured for buildings and contents.
12. The insured's liability to the public as owner or occupier of the buildings in respect of bodily injury or damage to property up to an amount of N200,000.00 and in addition costs payable to claimants or incurred with the consent of the company in defending claims.

NOTE: A policy limited to buildings covers the owner's liability only. A policy limited to contents covers the occupiers' liability only.

13. Death of the insured whilst at the buildings as a result of fire or caused by thieves for an amount of N20,000.00 or one and half of the total sum insured on contents.
14. Whichever is the less; this is not covered if the insurance is limited to building only.

EXCLUSIONS

The company's policy incorporates exclusions relating to nuclear radiation, war, rebellion and similar perils, act of terrorism in relation to insured perils 2 and 3 and confiscation of similar occurrences.

DECLARATION:

I do hereby declare that the above answers are true and that I have withheld no material information regarding the proposal. I agree that the declaration and the answers given above as well as any further proposal or declaration or statement made in writing by me or anyone acting on my behalf shall form the basis of the contract between me and the **LASACO ASSURANCE PLC** and will I further agree to accept indemnity subject to the condition as endorsed on the company's policy. I further undertake to inform the company of any material alteration to this fact whether occurring before or after completion of the contract of insurance.

Date:.....Signature of Proposer.....

FOR OFFICIAL USE ONLY:

Risk Category: High ☐ Medium ☐ Low ☐ (Please tick appropriately)
Client Category: High ☐ Medium ☐ Low ☐ (Please tick appropriately)

LASACO ASSURANCE PLC BRANCH NETWORK

HEAD OFFICE:
LASACO House, Plot 16, Acme Road, Ogba, Ikeja, P.O. Box 3724, Lagos, Nigeria
Tel: 07000527226
e-mail: info@lasacoassurance.com
website: www.lasacoassurance.com

ABEOKUTA BRANCH
Majek Kembo House,
24, Lalubu street, Ilewo, Ibara,
Abeokuta, Ogun state.
Branch Manager: Mr. Bode Pratt
Mobile No: 08027479229

ALAUJA REPRESENTATIVE OFFICE
Lagos State Government,
The Secretariat,
Alausa, Lagos State.
Branch Manager: Mrs. Yemi Ajani
Mobile No: 08023100519

IBADAN BRANCH
40, Ring Road, South West Road
Ibadan, Oyo State
Branch Manager: Mrs. Yejide Michael-Nwokolo
Mobile No: 08115089826

KANO BRANCH
Union Bank Building
37, Niger Street,
Kano, Kano State.
Branch Manager: Mr. Sule Halilu
Mobile No: 08037267104

OSHOGBO BRANCH
Block E1 Suit 5, Ayegbaju Market,
Behind Omoluabi Mortgage Bank Plc.
Oshogbo, Osun State,
Branch Manager: Mr. Kayode Okeremi
Mobile No: 08069135662, 08072535999

UYO BRANCH
178, Ikot Ekpeni Road,
Akwa Ibom State
Branch Manager: Mrs. Toyin Itiabe
Mobile No: 08064348913, 08023207297

YOLA BRANCH
1, Bishop Road,
Adamawa Homes and Savings Building
Jimeta-Yola
Branch Manager: Mr. Yilong Jonah
Mobile No: 07098713703

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Opposite Glo office
Effurun, Warri, Delta State.
Branch Manager: Mr. Seun Sangobiyi
Mobile No: 08038361816, 08056714920





COMBINED HOUSE HOLDERS/ HOUSE OWNERS

CONTACT US FOR THE FOLLOWING RISKS

- Fire
- Motor Marine & Aviation
- Cash in Transit

- Personal Accident
- Contractors All Risks
- Employer's Liability

- Goods in Transit
- Vehicle
- Oil & Gas etc

IMPORTANT NOTICE

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THE PROPOSER

☐ CORPORATE

☐ INDIVIDUAL

Corporate Information

Company Name:_____

Operating Business Address:_____

State:_____ City:_____ Incorporation No:_____

Type of Business:_____ Postal Code: _____

Operating Business Phone No: _____ Fax: _____

Registered Business Address: _____

Date:_____ State:_____ Country _____

Email:_____

Incorporation State:_____ Country: _____

Financial: Year End: Date:_____ Month:_____ Year:_____

Last Audited/Unaudited Account: Date:_____ Month:_____ Year:_____

Authorised Capital (*000) _____

Paid up Capital (*000) _____

Banker: _____

Personal Details

(Individual client on a director of the corporate client to fill this action)

Title: ☐ Mr ☐ Mrs ☐ Ms. ☐ Miss. ☐ Others(specify)_____

Surname: _____

First Name: _____ Middle Name _____

Gender: Male ☐ Female ☐ Date of Birth: (DD-MM-YYYY):_____

Mother's Maiden Name:_____

Contact Address: _____

City:_____ State:_____ Country:_____

Tel No:_____ E-mail: _____ Country:_____

Identification Driver's License: ☐ National ID Card: ☐ Int'l Passport ☐

Identification Number: _____

Country of issue:_____ Date of issue (DD-MM-YYYY) _____ Date of Expiry _____

Nationality:_____ State of Origin _____

Occupation: _____

Employment Status: Employed: ☐ Unemployed ☐ Self Employed ☐

Employer's Name: _____

Employers Telephone Number: _____

Employers Address: _____

City:_____ State:_____ Country:_____

Bankers: _____

Source fund _____

Full Address _____

BYN _____

DATA PROTECTION NOTICE AND CONSENT

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THE BUILDINGS and their Occupancy:

1. Please state the nature of your residence (strike out the descriptions which do not apply)
(a) Private Dwelling House
(b) Self-contained flat with separate entrance exclusively under your control and situated on the.....floor
(c) Rooms not self-contained and situated on the.....floor
 2. of what materials is the dwelling constructed? Walls.....
 3. What is its height in storeys?.....
 4. Are there any outbuildings and, if so how are they constructed?
Walls.....Roof.....
 5. If any of the buildings to be insured are within 3.5m of any other buildings state the distance, type of construction and use of such building.....
 6. Are the building in a good state of repair and will they be so maintained?.....
 7. (a) Is the dwelling occupied solely by
YES NO YES NO
(i) You and your family (ii) Your family and house help(s)
(iii) Tenants (iv) Paying Guest
(b) State the number of tenants & paying guest in respect of ii & iv above
 8. (a) For how many days (whether consecutive or not) is the dwelling likely to be left without an inhabitant during one year?
(b) State as a number of days, the longest continuous period in any one year during which the dwelling is likely to be left without an inhabitants.....
 9. Is there any profession business or trade carried on in the dwelling or in any portion of the Premises of which the dwelling forms a part? If so, give particulars.....
- PREVIOUS INSURANCE AND LOSSES
10. Have you any other policies in force covering any of the perils to be insured against? If so, Please give details
(a) Type of Insurance:.....
(b) Policy No:.....
Name of Insurer
 11. Has any insurer, in respect of any other perils to which the proposal applies:-
(a) Declined to insure you?
(b) Required special terms to insure you?
(c) Cancelled or refused to renew your insurance?
If so, state reasons for such action:.....
 12. Have the building and/or contents suffered damage by storm, tempest or flood during the past five years? If so, give reasons:.....

13. Have you ever sustained loss from any of the peris (other than those referred to in question 12 above to which the insurance is to apply? If so, give particulars.....

THE PROPERTY TO BE INSURED

Note: The **SUM TO BE INSURED** must represent the full value of the property, the proposer being required to sign a declaration to that effect below

1. The insurance will be subject to average, which means that if at a time of loss or damage the sum insured less than the full value of the property insured, the amount payable is proportionately reduced.

THE BUILDINGS

The building of the private dwelling house or private flat and to the domestic office, stable, garage, and out buildings used solely in connection therewith and on the same premises including Landlord's fixtures and things therein and the walls, gate and fence around pertaining thereto:

Address of dwelling at which Insurance is required	Item: 1. The buildings (except any part thereof of specialty insured here under as separate items)
Sum to be insured on the buildings	Item: 2 Gates and fences (if any) total sum to be insured on buildings
	1. N.....
	2. N.....
	3. N.....

Note: Any property to be insured under contents should be excluded.

THE CONTENTS

Furniture, Household goods and personal effects (except as therein mentioned). The property of the proposer or any member of the proposer family residing with the proposer and fixtures and fittings. These are the proposers own or for which the proposers is legally responsible.

NOTE: 1. Single articles (Furniture, Household appliance, Radio and Television sets, Piano and organs excepted) will be deemed of greater value than 5% of the total sum insured on the said contents unless article is specially declared as a separate item.

Specify here any such articles of:

Greater than 5% of.....

The total sum to be insured.....

The said contents.....

NOTE: 2. These amount of insurance Platinum, Gold and Silver articles, Jewelleries, Furs and works of art is limited to 10% of the total sum insured on contents or less the value thereof is stated and additional premium paid. If the said value exceeds the proportion mentioned, please state the total value of such property:

(SEE THE REMAINING AT NEXT PAGE)

Are your employees insured under a Fidelity Guarantee Policy?

(a) Have you ever sustained a loss from the risks which cover is now requested?

(b) Has any insurer at any time asked for Money or Fidelity Insurance

(i) Declined your Proposal?
(ii) Cancelled or declined to review your Insurance?

(iii) Required an increase premium or imposed special conditions?

If so, please give name of Insurer and details

I/We declare that to the best of my/our knowledge and belief all the foregoing statements and particulars are true and/we agree that this Proposal shall be the basis of Contract of Insurance to be expressed in the usual terms of the Company's Policy.

Date.....20.....

Proposer's Signature.....

Until the proposal is accepted by the company and the premium paid no liability is attached.

FOR OFFICIAL USE

REMARK:.....

DATA PROTECTION NOTICE AND CONSENT

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LASACO ASSURANCE PLC BRANCH NETWORK

HEAD OFFICE:

LASACO House, Plot 16, Acme Road, Ogba, Ikeja, P.O. Box 3724, Lagos, Nigeria
Tel: 07000527226
e-mail: info@lasacoassurance.com
website: www.lasacoassurance.com

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Branch Manager: Mr. Kazeem Shobowale
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Block E1 Suit 5, Ayegbaju Market,
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1, Bishop Road,
Adamawa Homes and Savings Building
Jimeta-Yola
Branch Manager: Mr. Yilong Jonah
Mobile No: 07098713703



MONEY INSURANCE

CONTACT US FOR THE FOLLOWING RISKS

- Fire
- Motor Marine & Aviation
- Cash in Transit
- Personal Accident
- Contractors All Risks
- Employer's Liability
- Goods in Transit
- Vehicle
- Oil & Gas etc



Authorized and Regulated by the National Insurance Commission (RIC 023)

IMPORTANT NOTICE

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2. The liability of the company does not commence until this application is accepted and the premium is paid in accordance with section 50(1) of Insurance act, 2003

THE PROPOSER

☐ CORPORATE
☐ INDIVIDUAL

Corporate Information

Company Name: _____
Operating Business Address: _____
State: _____ City: _____ Incorporation No: _____
Type of Business: _____ Postal Code: _____
Operating Business Phone No: _____ Fax: _____
Registered Business Address: _____

Date: _____ State: _____ Country _____
Email: _____
Incorporation State: _____ Country: _____
Financial: Year End: Date: _____ Month: _____ Year: _____
Last Audited/Unaudited Account: Date: _____ Month: _____ Year: _____
Authorised Capital (*000) _____
Paid up Capital (*000) _____
Banker: _____

Personal Details

(Individual client on a director of the corporate client to fill this action)

Title: ☐ Ma ☐ Mrs ☐ Ms ☐ Miss ☐ Others(specify) _____
Surname: _____
First Name: _____ Middle Name _____
Gender: Male ☐ Female ☐ Date of Birth: (DD-MM-YYYY): _____
Mother's Maiden Name: _____
Contact Address: _____
City: _____ State: _____ Country: _____
Tel No: _____ E-mail: _____ Country: _____
Identification Driver's License: ☐ National ID Card: ☐ Int'l Passport ☐
Identification Number: _____
Country of issue: _____ Date of issue (DD-MM-YYYY) _____ Date of Expiry _____
Nationality: _____ State of Origin _____
Occupation: _____
Employment Status: Employed: ☐ Unemployed ☐ Self Employed ☐
Employer's Name: _____
Employers Telephone Number: _____
Employers Address: _____
City: _____ State: _____ Country: _____
Bankers: _____
Source fund _____
Full Address _____
BVN _____

OFFICIAL USE ONLY

Risk Category: High ☐ Medium ☐ Low ☐ (Please Tick Applicable)
Client Category: High ☐ Medium ☐ Low ☐ (Please Tick Applicable)

ADDITIONAL INFORMATION

If Insurance is not required under any particular items, please mark as NIL

Description	Limit for Anyone Loss	Estimated Total Amount in Transit during the year
Money in the Proposer’s premises situate at		
Money securely locked in a safe or strong room at the Proposer’s premises		
Money in the Proposer’s premises situate at: (i..... (ii..... (iii..... (iv..... (v.....		
Damage to safe - State value of sale		

By what means is the money conveyed
.....

Please state what precaution are taken to safeguard money in transit
.....

Giving the number of employees who have charge of it
.....

What is the approximate distance between your premises and bank?
.....

Any other place where money will be carried?
.....

Please give details of each safe or strong room:-
.....

Make’s Name and Number	Size and Weight	Square of Rounded Eagles	Whether built in or fixed to Wall or Floor	Who has possession of keys

NOTE

- (a) An insurance agent who assist an applicant to complete an application or proposal form for Insurance shall be deemed to have done so as the agent of the applicant.
- (b) All questions must be answered in full. Dashes and Ticks are insufficient. If the space provided is not sufficient, continue on a separate sheet.
- (c) All questions must be answered in full. Dashes and ticks are insufficient, if the space provided is not sufficient, continue on a separate sheet.

DATA PROTECTION NOTICE AND CONSENT

Lasaco assurance plc is data protection regulation compliant. All information submitted by you will be processed and managed in line with the Nigeria data protection regulation.

DECLARATION:

We hereby warrant the truth of the above statements., that we are in good health, and that we have not withheld any material information, and we hereby agree to give notice to the undermentioned. Company of any variation in our profession or occupation, healthy, habits or pastimes, we agree to accept a policy subject to the terms, exception and conditions prescribed by the company and that this Declaration shall be basis of the contract between Us and **LASACO ASSURANCE PLC.**

FOR OFFICIAL USE

Risk Category: High ☐ Medium ☐ Low ☐ (Please Tick Applicable)

Client Category: High ☐ Medium ☐ Low ☐ (Please Tick Applicable)

Remarks

LASACO ASSURANCE PLC BRANCH NETWORK

HEAD OFFICE:

LASACO House, Plot 16, Acme Road, Ogba, Ikeja, P.O. Box 3724, Lagos, Nigeria
Tel: 07000527226
e-mail: info@lasacoassurance.com
website: www.lasacoassurance.com

ABEOKUTA BRANCH
Majek Kembo House,
24, Lalubu street, Ilewo, Ibara,
Abeokuta, Ogun state.
Branch Manager: Mr. Bode Pratt
Mobile No: 08027479229

ALAJA REPRESENTATIVE OFFICE
Lagos State Government,
The Secretariat,
Alausa, Lagos State.
Branch Manager: Mrs. Yemi Ajani
Mobile No: 08023100519

IBADAN BRANCH
40, Ring Road, South West Road
Ibadan, Oyo State
Branch Manager: Mrs. Yejide Michael-Nwoko
Mobile No: 08115089826

KANO BRANCH
Union Bank Building
37, Niger Street,
Kano, Kano State.
Branch Manager: Mr. Sule Halilu
Mobile No: 08037267104

OSHOGBO BRANCH
Block E1 Suit 5, Ayegbaju Market,
Behind Omoluabi Mortgage Bank Plc.
Oshogbo, Osun State.
Branch Manager: Mr. Kayode Okeremi
Mobile No: 08069135662, 08072535999

UYO BRANCH
178, Ikot Ekpene Road,
Akwa Ibom State
Branch Manager: Mrs. Toyin Itiabe
Mobile No: 08064348913, 08023207297

YOLA BRANCH
1, Bishop Road,
Adamawa Homes and Savings Building
Jimeta-Yola
Branch Manager: Mr. Yilong Jonah
Mobile No: 07098713703

ABUJA BRANCH
ITF House,
6, Adetokunbo Ademola Crescent,
Maitama, Abuja
Tel: 09-5237163, 09-5232131
Branch Manager: Mr. Adekunle Hamza
Mobile No: 08055065371

AKURE BRANCH
Recabil House,
47, Oba Adesida Road,
Akure, Ondo State.
Branch Manager: Mr. Lekan Onakoya
Mobile No: 08052554042

ILORIN BRANCH
19, Unity Road,
Ilorin, Kwara State.
Branch Manager: Mrs. Ranti Amusa
Mobile No: 07033234382, 08027271804

KADUNA BRANCH
Hamza Zayad House Road
NNIC Building,
4 Muhammed Buhari/ Ahmadu Bello way
Kaduna State
Branch Manager: Mr. Kazeem Shobowale
Mobile No: 08028542539

PORT HARCOURT BRANCH
200, Aba Road, Waterline Bus Stop
Port Harcourt, River State.
Branch Manager: Mrs. Toyin Itiabe
Mobile No: 08064348913, 08023207297

WARRI BRANCH
60, Effurun, Sapele Road,
Opposite Glo office
Effurun, Warri, Delta State.
Branch Manager: Mr. Seun Sangobiyi
Mobile No: 08038361816, 08056714920



GROUP PERSONAL ACCIDENT

CONTACT US FOR THE FOLLOWING RISKS

- Fire
- Motor Marine & Aviation
- Cash in Transit
- Personal Accident
- Contractors All Risks
- Employer's Liability
- Goods in Transit
- Vehicle
- Oil & Gas etc



IMPORTANT NOTICE

1. An agent who assists an applicant to complete an application or proposal form for insurance shall be deemed to have done so as the agent of the applicant in accordance with section 54(2), Insurance Act, 2003.
2. The liability of the company does not commence until this application is accepted and the premium is paid in accordance with section 50(1) of Insurance act, 2003

THE PROPOSER

☐ CORPORATE

☐ INDIVIDUAL

Corporate Information

Company Name: _____

Operating Business Address: _____

State: _____ City: _____ Incorporation No: _____

Type of Business: _____ Postal Code: _____

Operating Business Phone No: _____ Fax: _____

Registered Business Address: _____

Date: _____ State: _____ Country _____

Email: _____

Incorporation State: _____ Country: _____

Financial: Year End: Date: _____ Month: _____ Year: _____

Last Audited/Unaudited Account: Date: _____ Month: _____ Year: _____

Authorised Capital (*000) _____

Paid up Capital (*000) _____

Banker: _____

BVN _____

Source of Fund _____

Personal Details

(Individual client on a director of the corporate client to fill this action)

Title: ☐ Ma ☐ Mrs ☐ Ms. ☐ Miss. ☐ Others(specify) _____

Surname: _____

First Name: _____ Middle Name _____

Gender: Male ☐ Female ☐ Date of Birth: (DD-MM-YYYY): _____

Mother's Maiden Name: _____

Contact Address: _____

City: _____ State: _____ Country: _____

Tel No: _____ E-mail: _____ Country: _____

Identification Driver's License: ☐ National ID Card: ☐ Int'l Passport ☐

Identification Number: _____

Country of issue: _____ Date of issue (DD-MM-YYYY) _____ Date of Expiry _____

Nationality: _____ State of Origin _____

Occupation: _____

Employment Status: Employed: ☐ Unemployed ☐ Self Employed ☐

Employer's Name: _____

Employers Telephone Number: _____

Employers Address: _____

City: _____ State: _____ Country: _____

Bankers: _____

Source fund _____

Full Address _____

BVN _____

OFFICIAL USE ONLY

Risk Category: High ☐ Medium ☐ Low ☐ (Please Tick Applicable)

Client Category: High ☐ Medium ☐ Low ☐ (Please Tick Applicable)

Expected Premium N

ADDITIONAL INFORMATION

1. Please list and state amount of benefit as show below (you may attach schedule)

Name	Date of Birth	Designation	Death Benefit	Permanent Disability	Medical Expenses

2. Are there any circumstances connected with your occupation, health, habit s of life or pastimes which render employees particularly liable to injury?
If so give details.....
.....
3. Has any of the employees/insured persons suffering from any infection of the eyes, ears or heart, paralysis, nervous, disorders, varicose, veins, rupture or any chronic ailments
.....
.....
4. Has any of the employees sustained injury or disablement(s) during the last Five(5)years?
.....
.....
If so, give particulars including period(s) of disablement.....
5. Are you at present insured against accident? If so, with what company, and for what amounts?.....
.....
6. Have you ever in relation to life, sickness or accident insurance had a proposal or renewal declined or had special terms applied.
.....

DETAILS OF INSURANCE REQUIRED

AMOUNT OF BENEFIT _____

Section A Death _____

Section B Permanent Disablement _____

Section C Temporarily Disablement _____

Section D Medical Expenses _____

Total N _____

Insurance to commence _____

To be renewable annually _____

DATA PROTECTION NOTICE AND CONSENT

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I/We declare that:

- I) To the best of my/our knowledge and belief the answers given are true and that all material facts have been disclosed;
- ii) This proposal and declaration shall be the basis of the contract between me/us and LASACO ASSURANCE PLC, and I/We accept a policy on the standard form issued by the Company and be bound by the terms and conditions thereof;

Proposers’ Signature(s).....

Agent/Broker Name:.....Date.....

FOR OFFICIAL USE

Risk Category: High ☐ Medium ☐ Low ☐ (Please Tick Applicable)

Client Category: High ☐ Medium ☐ Low ☐ (Please Tick Applicable)

Remarks

FACTS ABOUT LASACO

- Strong asset base
- Solid expertise and stable manpower
- Prompt benefit settlement
- The financial resource to see you through - day by day
- 1st International Standards Organization (ISO) certified Insurance Company in Nigeria.

We are committed to a set of business principles based on our core values, Excellence, Professionalism, Integrity, Customer Focus, Trust, Accountability, Creativity and Team work.

These core values represent the basis upon which we conduct our businesses and relate to others in the marketplace.

We have the capacity to deliver suitable products for your needs.

We promise a better tomorrow no matter what life throws at you.

LASACO ASSURANCE PLC
BRANCH NETWORK

HEAD OFFICE:
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Tel: 07000527226
e-mail: info@lasacoassurance.com
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WARRI BRANCH
60, Effurun, Sapele Road,
Opposite Glo office
Effurun, Warri, Delta State.
Branch Manager: Mr. Seun Sangobiyi
Mobile No: 08038361816, 08056714920



Authorized and Regulated by the National Insurance Commission (RIC 023)



BUILDERS
LIABILITY
(OPEN)
POLICY



PROPOSAL FORM

IMPORTANT NOTICE

1. An agent who assists an applicant to complete an application or proposal form for insurance shall be deemed to have done so as the agent of the applicant in accordance with section 54(2), Insurance Act, 2003.

2. The liability of the company does not commence until this application is accepted and the premium is paid in accordance with section 50(1) of Insurance act, 2003

NAME OF BUILDER/CONTRACTOR_____

ADDRESS_____

RC NO_____ YEAR OF INCORPORATION _____

Tel No _____ Fax _____ E-mail _____

AREA OF SPECIALIZATION_____

NIOB REG. NO:_____

NO OF PERMANENT STAFF _____

DESCRIPTION OF PROJECTS TO BE COVERED - STATUTORY ☐ ALL PROJECTS ☐

NAME AND ADDRESS OF OTHER PROFESSIONALS IN USE

1)_____

2)_____

3)_____

4)_____

1. Name of Managing Director/CEO

Qualifications_____

Date of Birth_____

Specialty/s_____

Year in continuous practice_____

BVN _____

2. Full Address_____

Home_____

3. To which Professional bodies in Nigeria do you belong? Please state your membership Status - Member, Fellow, Associate

BODY

STATUS

_____ Membership No._____

4. Have you ever held or do you hold a Contractors All Risks or Builders Liability Insurance cover with another insurer? If yes please state with whom and for how long

5. Do you practice outside Nigeria _____

6. Have you or any of the firm or other professionals in use ever face a disciplinary committee for: professional misconduct? Please give details _____

7. Has a client, third party or employee ever filed a suit against you for any reason? Please give details._____

8. Number of Qualified Builders/Engineers in your firm _____

Details if specialist areas _____

GEOGRAPHIC CONCENTRATION OF CONSTRUCTION WORK IN NIGERIA									
STATE	%			%			%		%
1. FEDERAL		11		21			31		
2. FCT		12		22			32		
3. PRIVATE		13		23			33		
4. LOCAL GOVT		14		24			34		
		15		25			35		
		16		26			36		
		17		27			37		
		18		28			38		
		19		29			39		
		20		30			40		
CATEGORY OF WORKMEN IN REGULAR USE INCLUDING THOSE OF SUB-CONTRACTORS CONSULTANTS ETC.					NUMBER IN EMPLOYMENT		TOTAL YEARS OF EXPERIENCE		