

"ALL RISKS" INSURANCE

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

1. Wearing apprals 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 _____

LASACO ASSURANCE PLC BRANCH NETWORK

HEAD OFFICE:

LASACO House, Plot 16, Acme Road, Ogbia, 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, Ibarra,
Abeokuta, Ogun state.
Branch Manager: Mr. Bode Pratt
Mobile No: 08027479229

ALAUSA 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 Omolabi 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

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.



ALL RISK

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 past 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