

IMPORTANT NOTICE

- 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.
- 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	

11. ESTIMATED ANNUAL CONTRACT SUM

EXPECTED NO. OF PROJECT	PREMIUM COMPUTATION					EXTRA HIGH RISK REGIONS
	ESTIMATED CONTRACT SUM	FEDERALS PRIVATE (ECS)	STATE & FCT. RATE	LG & OTHER RATE	RATING BASIS	
1	N10.0m-N50.0M	0.30%	0.35%	0.40% OF		50%
2	N51.0-N250.0M	0.25%	0.30%	0.35% THE	THE	LOADING
3	N251.0M-N500.0M	0.225%	0.25%	0.30% UPPER	ECS	ON
4	N501M-N999.0M	0.20%	0.225%	0.25%	LIMIT	PREMIUM
5	N1.08--N2.50B	0.15%	0.20%	0.225%SUM		
	ABOVE N2.50B	0.1%	0.15%	0.2%		

12. EMPLOYMENT RECORD

a) DOES YOUR COMPANY CARRY OUT PRE-EMPLOYMENT CHECK OR OTHER INVESTIGATION _____

b) HOW MANY OF YOUR EMPLOYEES ARE CONTRACT STAFF _____

c) HOW MANY OF YOUR STAFF ARE YOUR BLOOD RELATIONS _____

13. OCCUPATIONAL RISKS

 WHAT PERCENTAGE OF YOUR WORK NORMALLY INVOLVE PILING OR UNDERGROUND WORKS RAFT FOUNDATIONS OF BUILDING OR MORE THAN TWO (2) FLOORS? GIVE DETAILS _____

Declaration

I/We hereby declare that the above statement are true and correct and agree that this proposal form shall form the basis of the contract between us and the underwriter.

NAME _____

SIGNATURE _____

DATE _____

SALES OUTLET _____

NAME OF BROKER/AGENT _____

SCHEDULE OF QUALIFIED PROFESSIONAL IN USE
NAME OF EMPLOYERS/POLICY HOLDER _____

Surname	Other Names	Age	Sex	Nationality	Professional	Qualification	No. of Years