

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.....

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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

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 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

ABUJA BRANCH

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

Tel: 09-5237163, 09-5232131

Branch Manager: Mr. Adekunle Hamza

Mobile No: 08055065371

ALAUSA REPRESENTATIVE OFFICE

Lagos State Government, The Secretariat, Alausa, Lagos State.

Branch Manager: Mrs. Yemi Ajani

Mobile No: 08023100519

AKURE BRANCH

Recabil House, 47, Oba Adesida Road, Akure, Ondo State.

Branch Manager: Mr. Lekan Onakoya

Mobile No: 08052554042

IBADAN BRANCH

40, Ring Road, South West Road Ibadan, Oyo State

Branch Manager: Mrs. Yejide Michael-Nwokolo

Mobile No: 08115089826

ILORIN BRANCH

19, Unity Road, Ilorin, Kwara State.

Branch Manager: Mrs. Ranti Amusa

Mobile No: 07033234382, 08027271804

KANO BRANCH

Union Bank Building 37, Niger Street, Kano, Kano State.

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

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

PORT HARCOURT BRANCH

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

Branch Manager: Mrs. Toyin Itiabe

Mobile No: 08064348913, 08023207297

UYO BRANCH

178, Ikot Ekpene Road, Akwa Ibom 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

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	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.....