

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/Unaudited 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.....  
 Employment Status: Employed.....  
 Employer Name.....  
 Employer Address.....  
 Employer's Telephone.....  
 Bankers.....  
 Source of Fund.....  
 BVN.....

## 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, Ogbia, Ikeja, P.O. Box 3724, Lagos, Nigeria

Tel: 07000527226

e-mail: [info@lasacoassurance.com](mailto:info@lasacoassurance.com)

website: [www.lasacoassurance.com](http://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 Omolabi 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



### CONTACT US FOR THE FOLLOWING RISKS

- Fire & Special Perils
- Contractor's All Risk
- Motor
- Employee Liability
- Marine & Aviation
- Bonds
- Burglary and House Breaking
- Public/Product Liability
- Oil and Gas
- Goods in Transit
- Professional Indemnity
- Occupiers Liability
- Bonds
- Burglary and House Breaking
- Public/Product Liability
- Oil and Gas
- Goods in Transit



### 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
	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	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

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

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

### 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.....