

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 section)
 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

(PLEASE USE BLOCK LETTERS)

AGENCY	
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1. Full Name of Employee

Business

2. Address

3. (a) Have written reference been obtained for the preceding 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 losses suffered during the last 5 years through the dishonesty 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.

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)

(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 be included in the said insurance.

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