



## 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 on a director of the corporate client to fill this action)

Title: ☐ Mr ☐ 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

1. Full Name of Employee

Business

2. Address

3. (a) Have written reference been obtained for the preceeding 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 loses suffered during the last 5 years through the dishonestly 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.

#### 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.

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) 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 the included in the said insurance.

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