

LIST OF HAZARDOUS GOOD

Acetylene (liquid)	iron-bound bales)
Acids of all kinds	Jute in full-pressed bales of otherwise
(except Acetic Citric and Tartaric)	Kapok
Aluminium Carbide Dust. Powder	Kerosene
or Resinate	Land and Animal fats of all kinds
Asphalt	Lime
Bamboo Mats	Lime (Unslacked)
Benzene	Lubricants containing mineral oil or other
Benzoline	mineral products
Bichromate of Potash	Matches of all kinds
Bi-Sulphide of Cardon	Metallic Potassium
Bitumen other than emulsified)	Mung
Bitumen containing not less	Naphita
than 45% of water	Naphthalene
and packed in metal drums	Nitrate of all kinds
Blacks of all kinds	Nitrate of Potash
Calcium Carbide	Oils of all kinds (other than vegetable oil
Calcium Cyanamide except	in tins not exceeding 10 lbs in weight and
when packed in hermetically	/or bottles
sealed drums, and each	Oil seed cake (including cotton seed cake)
manufacturing certificate that	Oil seed meal
the tins contains not more than	Paints other than water based emulsion-
0.3% of Carbide	paint
Camphene	Paper Asphalted, Tarred and Oiled
Camphor	Perchlorate of Potash
Candles	Permagnate of Potash (Potassium Peroxide)
Caustic Potash	Petroleum and its liquid products
Celluloid and Xylonite and other	Phosphorus
similar substances	Pitch
Charcoal	Potash
Chlorate of all kinds	Rags
Cinematograph films	Resin
Cocogem other than tins and	Resin of all kinds
/or in bottle.	Rubber solution
Codilla	Saw dust
Coir Yam Coir Matting and Coir Rope	Shoddy
Copra, Copra Cake and Copra Metal	Spirits of all kinds not in bottles
Cotton (weather in fully-pressed bales	Stearine
or otherwise)	Sulphide, metallic of all kinds
Explosives of all kinds (including)	Sulphur
ammunition and	Sulphur, Dyes, or Colour (excluding those
percussion caps)	packed in airtight metal vessels labelled
Fireworks of all kinds	with a certificate by the manufacturers at
Fish Guano and Fish manure	least 10% of inert organic salts)
Ghee (other than vegetables Ghee in	Tallow (manufactured or
this not	unmanufactured)
exceeding 10 lbs in weight	Tar and/or its liquid products (other than
and/or bottles)	in bottles)
Glycerine	Turpentine
Grasses of all kinds and Straw	Varnish
Grass mats, other than in fully	Vegetables, Fabrics of all kinds
pressed bales	Vegetables, Gum of all kinds
Gunny bags (other than in fully	Waste of all kinds (excluding silk and tea
pressed iron-bound bales)	waste)
Hemp	Wax of all kinds
Hessians (other that in	
fully pressed	

AGENT REMARKS:
NB. No Insurance is in force until the proposal has been accepted by the company and the Premium paid.

FOR OFFICE USE
REMARK _____

LASACO ASSURANCE PLC BRANCH NETWORK

HEAD OFFICE:

LASACO House, Plot 16, Acme Road, Ogbag, Ikeja, P.O. Box 3724, Lagos
Nigeria

Tel: 07000527226

e-mail: info@lasacoassurance.com

ABEOKUTA BRANCH
Majek Kembo House,
24, Lalubu street, Ilewo, Ibara,
Abeokuta, Ogun state.
Branch Manager: Mr. Bode Prat
Mobile No: 08027479229

ALAUSA REPRESENTATIVE OFFICE
Lagos State Government,
The Secretariat,
Alausa, Lagos State.
Branch Manager: Mrs. Yemi Ajani
Mobile No: 08023100519

IBADAN BRANCH
40, Ring Road, South West Road
Ibadan, Oyo State
Branch Manager: Mrs. Yejide Michael-Nwoko
Mobile No: 08115098826

KANO BRANCH
Union Bank Building
37, Niger Street,
Kano, Kano State.
Branch Manager: Mr. Sule Halilu
Mobile No: 08037267104

OSHOGBO BRANCH
Block E1 Suit 5, Ayegbaju Market,
Behind Omoluabi Mortgage Bank Plc.
Oshogbo, Osun State.
Branch Manager: Mr. Kayode Okeremi
Mobile No: 08069135662 08072355999

UYO BRANCH
178, Ikot Ekpene Road,
Akwa Ibom State
Branch Manager: Mrs. Toyin Itiabe
Mobile No: 08064348913, 08023207291

YOLA BRANCH
1, Bishop Road,
Adamawa Homes and Savings Building
Jimeta-Yola
Branch Manager: Mr. Yilong Jonah
Mobile No: 07098713703

ABUJA BRANCH
ITF House,
6, Adetokunbo Ademola Crescent,
Maitama, Abuja
Tel: 09-5237163, 09-5232131
Branch Manager: Mr. Adekunle Ham
Mobile No: 08055065371

AKURE BRANCH
Recabil House,
47, Oba Adesida Road,
Akure, Ondo State.
Branch Manager: Mr. Lekan Onakoya
Mobile No: 08052554042

ILORIN BRANCH
19, Unity Road,
Ilorin, Kwara State.
Branch Manager: Mrs. Ranti Amusa
Mobile No: 07033234382, 0802727180

KADUNA BRANCH
Hamza Zayad House Road
NNIC Building,
4 Muhammed Buhari/ Ahmadu Bello way
Kaduna State
Branch Manager: Mr. Kazeem Shobowale
Mobile No: 08028542539

PORT HARCOURT BRANCH
200, Aba Road, Waterline Bus Stop
Port Harcourt, River State.
Branch Manager: Mrs. Toyin Itiabe
Mobile No: 08064348913, 08023320729

WARRI BRANCH
60, Effurun, Sapele Road,
Opposite Glo office
Effurun, Warri, Delta State.
Branch Manager: Mr. Seun Sangobiyi
Mobile No: 08038361816, 0805671492



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

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 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: _____
 BVN: _____
 Full Address: _____

OFFICIAL USE ONLY

Risk Category: High Medium Low (Please Tick Applicable)
 Client Category: High Medium Low (Please Tick Applicable)

ADDITIONAL INFORMATION

Period of Insurance _____ from _____ 20____ to 4.00PM on _____ 20____

PROPERTY TO BE INSURED**DESCRIPTION**

- Full Address(es) of premises _____
- Construction of (a) external walls _____
(b) roof _____
- Number of storey _____
- Method of (a) lighting _____
(b) heating _____
- OCCUPATION OF PREMISES:-**
 (a) Is the whole building used for Residential purposes only? _____
 If not please answer (b) to (g)
 (b) Is any retail trade carried on? _____
 (c) What manufacturing processes or repair work (if any) _____
 (d) Is any trade or business other than that of the proposer carried on within the premises?
 If so, give particulars _____
 (e) What are the contents of the premises _____
 (f) Are any of the goods to be insured of a hazardous nature _____
 such as those listed on the back of this form?
 (g) Are there any hazardous goods located outside the building(s) and within 30 feet metre thereof? If so give particulars _____

NOTE: If more than one property details to be stated on a separate sheet to be attached.

6. ADJACENT PROPERTY

If your building is isolated, What is the distance between it and the nearest building?

- Describe the external walls and roofing of other adjoining buildings within a distance of 50 metres as follows
 - Building to the right
 - Building to the left
 - Building in front
 - Building at the back

- How are the adjacent building occupied by whom?

- If there is any building constructed partially or entirely of timber and rooted with leaves or thatch described
 - Distance _____
 - Occupation _____

FIRE EXTINGUISHING SERVICE

- What are arrangements made on risk improvement such as:
 - Type of extinguishing appliance secured _____
 - Hydrants _____
 - Hose reels _____
 - Water Supply _____
 - Private Brigade _____
 - Distance between the building and the nearest Brigade station _____
- Are there any circumstances apart from those names above which appear to increase the risk of loss or damage by any of the perils to be insured against? If so, give particulars
- If there is any fire insurance in force on the same property, state:
 - Name of insurer(s) _____
 - Amount of insurance(s) _____
- Have you ever had a proposal or renewal of insurance declined, or a policy cancelled, or renewal invited at an increased rate? If so, state name of insurer and full particulars in each case _____
- Have you suffered loss by fire? If so, give particular
 - Year _____
 - Policy No _____
 - Amount claimed N _____
- Do you take stock at least once a year? _____
 - Keep a proper set of account book _____
 - Keep such book in a fire-proof safe? _____
 - Remove such books another building _____
 - When the above premises are closed? _____

SCHEDULE OF PROPERTY TO BE INSURED

DESCRIPTION: Separate amount to be stated for every amount to be current insurance with other

- Building(s) _____
- Boundary walls, fence, gates _____
- Machinery and Plant _____
- Stock in trade (Nature to be specified) _____
- Raw materials _____
- Work-in-progress _____
- Finished goods _____
- Merchandise _____
- Household goods and personal effects in the Premises (Attach list of valuation) _____
- Office furniture & equipment trade fixture and fittings therein (list to be attached) _____
- On _____ Months rent _____
- Other property: _____

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 the usual Policy for Fire Insurance and declare that the above statements and particulars are true. I/We further declare that this Proposal shall be basis of the Contract between me/us and the insurer and that the amounts to be insured represent to the best of my/our knowledge and belief the full market value of the property stated.

Signature _____ Date _____