

YEAR	TOTAL GROSS COST OF LOSSES					
	Amount Outstanding					
	Fire	Theft	Accidental Damage	Fire	Theft	Accidental Damage
20_____						
20_____						
20_____						
20_____						

#### 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 hereby warrant the truth of the above statements and I/we declare that I/we have withheld no information whatever that might tend in any way to increase the risk of the company or influence (4) of this proposal. I/we agree that this proposal shall be the basis of the contract between me/us and the company. And I/we further agree to accept the company's policy applicable to the insurance.

Date

Signature

No insurance is in force until the proposal has been accepted by the company and the premium or a deposit paid.

Period of insurance: From  to  20

Agency

#### NOTE:

"An insurance agent who assist an applicant to complete an application or proposal form for Insurance shall be deemed to have done so as the agent of the applicant .

"All questions must be answered in full. Dashes and Ticks are insufficient. If the space provided is not sufficient, continue on a separate sheet.

#### FOR OFFICIAL USE

Remarks: \_\_\_\_\_  
\_\_\_\_\_

## 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

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-Nwokolo  
Mobile No: 08115089826

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 Omoluaibi Mortgage Bank Plc.  
Oshogbo, Osun State.  
Branch Manager: Mr. Kayode Okeremi  
Mobile No: 08069135662, 08072535999

UYO BRANCH  
178, Ikot Ekpene Road,  
Akwa Ibom State  
Branch Manager: Mrs. Toyin Itiabe  
Mobile No: 08064348913, 08023207297

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 Hamza  
Mobile No: 08055065371

AKURE BRANCH  
Recabili 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, 08027271804

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, 08023207297

WARRI BRANCH  
60, Effurun, Sapele Road,  
Opposite Glo office  
Effurun, Warri, Delta State.  
Branch Manager: Mr. Seun Sangobiyi  
Mobile No: 08038361816, 08056714920



# GOODS IN TRANSIT



CONTACT US FOR THE FOLLOWING RISKS



- Fire
- Motor Marine & Aviation
- Cash in Transit
- Personal Accident
- Contractors All Risks
- Employer's Liability
- Goods in Transit
- Vehicle
- Oil & Gas etc

**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 action)  
 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

**ADDITION INFORMATION**

1. How long have you been engaged in this trade? \_\_\_\_\_

2. Nature of goods carried or forwarded: \_\_\_\_\_

3. Number of vehicles owned: \_\_\_\_\_

Garage Address: \_\_\_\_\_

(a) Details of vehicles to which the insurance apply

Makes of Vehicle	Year of Make	Registration No	Maximum Carrying of Vehicle	Max. Value of goods carried	Whether Closed or Opened Type

(b) Total carrying made last year N: \_\_\_\_\_

(c) Estimated value for which insurance is required: \_\_\_\_\_

(d) Limit any one loss: \_\_\_\_\_

(e) District of operation: \_\_\_\_\_

4. State average daily mileage: \_\_\_\_\_

5. Will vehicle be left unattended at all time during transit? \_\_\_\_\_

6. Are all drivers accompanied? If so, by whom? \_\_\_\_\_

7. Are all vehicle locked up when not in use? \_\_\_\_\_

8. As any company:

(a) Refuse to insure you? \_\_\_\_\_

(b) Refused to renew your policy? \_\_\_\_\_

(c) Cancelled any of your policies? \_\_\_\_\_

(d) Required an increased premium or special conditions? \_\_\_\_\_

9. Have you been insured before for this class of insurance? \_\_\_\_\_

If so, give name of the company: \_\_\_\_\_

10. State name of the company insuring motor vehicles: \_\_\_\_\_

11. Please give particulars of all losses suffered in respect of goods in transit during the last three years: \_\_\_\_\_