

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 applicably 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, Ogba, Ikeja, P.O. Box 3724, Lagos, Nigeria
Tel: 07000527226
e-mail: info@lasacoassurance.com
website: www.lasacoassurance.com

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

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

UYO BRANCH
178, Ikot Ekpen 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
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, 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 on 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.....