

NOTE

(a) 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.

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

(c) All questions must be answered in full. Dashes and ticks are insufficient, if the space provided is not sufficient, continue on a separate sheet.

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:

We hereby warrant the truth of the above statements., that we are in good health, and that we have not withheld any material information, and we hereby agree to give notice to the undermentioned. Company of any variation in our profession or occupation, healthy, habits or pastimes, we agree to accept a policy subject to the terms, exception and conditions prescribed by the company and that this Declaration shall be basis of the contract between Us and **LASACO ASSURANCE PLC**.

FOR OFFICIAL USE

Risk Category: High Medium Low (Please Tick Applicable)

Client Category: High Medium Low (Please Tick Applicable)

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

website: www.lasacoassurance.com

ABEOKUTA BRANCH
Majek Kembo House,
24, Lalubu street, Ilewo, Ibara,
Abeokuta, Ogun state.
Branch Manager: Mr. Bode Pratt
Mobile No: 0802749229

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 Omolabi 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
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



GROUP PERSONAL ACCIDENT

CONTACT US FOR THE FOLLOWING RISKS

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

BVN: _____

Source of Fund: _____

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

Expected Premium N

ADDITIONAL INFORMATION

1. Please list and state amount of benefit as show below (you may attach schedule)

Name	Date of Birth	Designation	Death Benefit	Permanent Disability	Medical Expenses

2. Are there any circumstances connected with your occupation, health, habits of life or pastimes which render employees particularly liable to injury? If so give details.....

.....

3. Has any of the employees/insured persons suffering from any infection of the eyes, ears or heart, paralysis, nervous, disorders, varicose, veins, rupture or any chronic ailments

4. Has any of the employees sustained injury or disablement(s) during the last Five(5)years?

.....

If so, give particulars including period(s) of disablement.....

5. Are you at present insured against accident? If so, with what company, and for what amounts?.....

6. Have you ever in relation to life, sickness or accident insurance had a proposal or renewal declined or had special terms applied?

DETAILS OF INSURANCE REQUIRED

AMOUNT OF BENEFIT _____

Section A Death _____

Section B Permanent Disablement _____

Section C Temporarily Disablement _____

Section D Medical Expenses _____

Total N _____

Insurance to commence _____

To be renewable annually _____