

Are your employees insured under a Fidelity Guarantee Policy?

(a) Have you ever sustained a loss from the risks which cover is now requested?

(b) Has any insurer at any time asked for Money or Fidelity Insurance

(i) Declined your Proposal?

(ii) Cancelled or declined to review your Insurance?

(iii) Required an increase premium or imposed special conditions?

If so, please give name of Insurer and details

I/We declare that to the best of my/our knowledge and belief all the foregoing statements and particulars are true and we agree that this Proposal shall be the basis of Contract of Insurance to be expressed in the usual terms of the Company's Policy.

Date.....20.....

Proposer's Signature.....

Until the proposal is accepted by the company and the premium paid no liability is attached.

FOR OFFICIAL USE

REMARK:.....

#### 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.

## 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](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

#### ABUJA BRANCH

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

#### ALAJA REPRESENTATIVE OFFICE

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

#### AKURE BRANCH

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

#### IBADAN BRANCH

40, Ring Road, South West Road  
Ibadan, Oyo State  
Branch Manager: Mrs. Yejide Michael-Nwokolo  
Mobile No: 08115089826

#### ILORIN BRANCH

19, Unity Road,  
Ilorin, Kwara State.  
Branch Manager: Mrs. Ranti Amusa  
Mobile No: 07033234382, 08027271804

#### KANO BRANCH

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

#### KADUNA BRANCH

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

#### 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

#### PORT HARCOURT BRANCH

200, Aba Road, Waterline Bus Stop  
Port Harcourt, River State.  
Branch Manager: Mrs. Toyin Itiabe  
Mobile No: 08064348913, 08023207297

#### UYO BRANCH

178, Ikot Ekpene Road,  
Akwa Ibom 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 Sangobi  
Mobile No: 08038361816, 08056714920

#### YOLA BRANCH

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



# MONEY INSURANCE

#### 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



Authorized and Regulated by the National Insurance Commission (RIC 023)

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)

ADDITIONAL INFORMATION

If Insurance is not required under any particular items, please mark as NIL

Description	Limit for Anyone Loss	Estimated Total Amount in Transit during the year
Money in the Proposer’s premises situate at ..... ..... ..... .....		
Money securely locked in a safe or strong room at the Proposer’s premises		
Money in the Proposer’s premises situate at:  (i.....  (ii.....  (iii.....  (iv.....  (v.....		
Damage to safe - State value of sale		

By what means is the money conveyed  
.....

Please state what precaution are taken to safeguard money in transit  
.....

Giving the number of employees who have charge of it  
.....

What is the approximate distance between your premises and bank?  
.....

Any other place where money will be carried?  
.....

Please give details of each safe or strong room:-  
.....

Make’s Name and Number	Size and Weight	Square of Rounded Eagles	Whether built in or fixed to Wall or Floor	Who has possession of keys