

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, 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: 08027479229

ABUJA BRANCH

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

ALAUSA 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

OSHOGBORO BRANCH

Block E1 Suit 5, Ayegbaju Market,
Behind Omolabi 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 Sangobiyi
Mobile No: 08038361816, 08056714920

YOLA BRANCH

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



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



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

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

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