

FACTS ABOUT LASACO

- Strong asset base
- Solid expertise and stable manpower
- Prompt benefit settlement
- The financial resource to see you through - day by day
- 1st International Standards Organization (ISO) certified Insurance Company in Nigeria.

We are committed to a set of business principles based on our core values, Excellence, Professionalism, Integrity, Customer Focus, Trust, Accountability, Creativity and Team work.

These core values represent the basis upon which we conduct our businesses and relate to others in the marketplace.

We have the capacity to deliver suitable products for your needs.

We promise a better tomorrow no matter what life throws at you.

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, Ibarra,
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 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
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



PERSONAL ACCIDENT

Contact us for the following risks:

Fire & Special Perils	Fidelity Guarantee	Builder's Liability
Motors	Professional Indemnity	Occupier's Liability
Money Insurance	Contractor's All Risk	Goods in Transit
Marine & Aviation	Employer's Liability	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**Personal Details**

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 _____ 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: _____
BVN: _____
Source fund: _____
Full Address: _____

ADDITIONAL INFORMATION

Does your occupation otherwise require you to travel widely or regularly.
Please describe fully: _____

Do you (a) drive or (b) own an automobile: _____

What sporting activities do you engage in? Give details: _____

Are there any circumstances, connected with your occupation, health, habit of life, past times which render you particularly liable to injury or illness.

If so give details

Have you ever suffered from infection of the eyes, ears or heart, paralyses, nervous disorders, varicose veins, rupture or any chronic ailment? _____

Do you normally enjoy good health? _____

Have you ever sustained injury or disablement by accident(s) or illness(es) during the last five years? _____

Are you at present insured against accidents? If so with what company and for what amount? _____

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

In case of death, please state the beneficiary.

Name: _____

GSM No: _____

Address: _____

Relationship: _____

Name: _____

GSM No: _____

Address: _____

Relationship: _____

Name: _____

GSM No: _____

Address: _____

Relationship: _____

AMOUNT OF BENEFIT SELECTED

Section A

Death: _____

Section B

Permanent Disablement: _____

Section C

Temporary Disablement: _____ per week

Section D

Medical Expenses: _____

Insurance to commence from: _____ to: _____

Be renewable annually

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 hereby warrant the truth of all the above statement, that I am in good health, and that I have not withheld any materials information, and I hereby agree to give notice to the undermentioned company of any variation in my profession or occupation, health, habits or past times.

I 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 contact between me and **LASACO Assurance Company Plc.**

DATED: _____ 20. _____

Proposer's Signature: _____

FOR OFFICIAL USE

Risk Category: High Minimum Low (Please tick appropriately)

Client Category: High Minimum Low (Please tick appropriately)

Policy No: _____

Expected Premium N