

## 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, 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

**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 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



# 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