

Dated _____ day of _____ year _____

Signature of Principal/Partner

For and behalf of:

NOTE:

NO INSURANCE is in force until the proposal has been accepted by the Company and the premium paid.

FOR OFFICIAL USE:

Risk Category High ☐ Medium ☐ Low ☐

Client Category High ☐ Medium ☐ Low ☐

Remarks

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

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

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 Sangobiya
Mobile No: 08038361816, 08056714920



PROFESSIONAL INDEMNITY

Cotact us for the following Risks

- Fire & Special Perils
- Marine & Aviation
- Money
- Burglary & Housebreaking
- Personal Asistant
- Contractor's All Risk
- Employer's Liability
- Bonds
- Motor
- Goods in Transit
- Oil & Gas etc.



IMPORTANT INFORMATION

1. An Insurance Agent who assists an Applicant to complete an application or proposal 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 session 50(1) of insurance Act , 2003

PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

This policy provides indemnity for the insured against legal liabilities that may arise by reason of any neglect, error or omission committed in a professional capacity by the person insured or by any partner, director or any person in the insured's employment

☐ 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 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: _____

BVN _____

Source of fund _____

Professional Information: (Please attach Company's Corporate Profile)

1. Profession _____

2. How long have you been in the Profession? _____

3. Which Professional Association(s) or Body do you belong to? _____

4. Are you a fellow or Associate Member? _____

5. Total number of Staff: _____

6. No of Qualified Professionals Staff: _____

7. Other Technical Staff: _____

8. Other Staff (Typist, Receptionist of): _____

9. Please give the following details:

Name of Partners	Qualification	Date Qualified

11. (a) Give Gross Earnings/Fee for the previous Twelve months

N _____

(b) Give Estimated Earnings/Fees for the next Twelve Months

N _____

12. Have you previously held or do hold a professional Indemnity insurance? _____

13. Has any application for this type of Indemnity been:

(a) Decline? _____

(b) Subject to premium increase? _____

(c) Subject to special restrictions? _____

14. (a) Has any claim been made against your practice in the past? If so, give restrictions? _____

(b) Is there any claim outstanding or any circumstances which might give rise to a claim against this practice? If so, give details: _____

15. Have you recently discharged or you contemplating discharging any of your staff for any omission, neglect, Error or the like? If so, give details: _____

16. Please comment on any features of your work, which you think may be of interest to the company _____

17. Amount on Indemnity required N _____

18. I/We declare that the statement and particulars in this Proposals are true and that I/We have not mis-stated or suppressed any materials fact, that at the present time I/We have no reasons to anticipate any claim being brought against me/us for any negligent act, error, or omission on the part of any member or employee of this practice or their predecessors in business. I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any material alteration to these facts whether occurring before or after completion of the contract or insurance.

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.