

(3) have any person other than your own employee occasion to use or come in contact with (a) your lift, hoists, E.T.C; or (b) any other machinery	(a) (b)
Please give particular	
(4) (a) how long have you been in business
(b) what claims have been made on you during that period (or are pending) in respect of risk to be covered by this insurance ?.....	Personal injury..... Cost..... Damage to property..... Cost..... Working at the premises N
Please furnish full particulars	
5. (a) are you at present insured, or (b) Have you ever proposed for insurance in respect of the said facilities?	(a) Yes/ no if yes? Name the company..... (b) Yes / no if yes? Name the company.....
(d) has any proposal or renewal ever been:- (a) declined or (b) withdraw, or (c) charged an or increased rate or subjected to special	(a) yes <input type="checkbox"/> No <input type="checkbox"/> (b) yes <input type="checkbox"/> No <input type="checkbox"/> (c) yes <input type="checkbox"/> No <input type="checkbox"/>
Limited of indemnity Anyone accident N..... Anyone year N.....
Insurance for 12 month from.....	
I / we warrant that the above statement are true, and I / we have not withheld or concealed anything affecting the proposed insurance, and I / we agree that this proposal and declaration shall be the basis of the contract between me/us and the company. I / we agree to accept the company's policy applicable to insurance.	
Date.....20..... signature..... The liability of the company does not commence until the acceptance of the proposal has been intimated by the company and premium paid.	
Agent..... Policy No.....	
OFFICIAL USE ONLY	
Risk Category High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	
Client Category High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	

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

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



PUBLIC LIABILITY



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 section 50(1) of Insurance Act, 2003

PUBLIC LIABILITY Corporate**THE PROPOSER** Individual**CORPORATE INFORMATION**

Company's Name: _____

Operating Business Address: _____

State: _____ City: _____

Incorporating Number: _____

Type of Business: _____

Postal Code: _____

Operating Business Phone Number: _____

Fax: _____

Registration Business Address: _____

City: _____ State: _____

Country: _____

E-mail: _____

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 Mr Mrs. Ms Miss.

Other (specify) _____

Surname _____

First Name _____

Middle Name _____

Gender: Male Female

Date of Birth: (DD-MM-YYYY) _____

Mother's Middle Name: _____

Contact Address: _____

City _____ State _____

Country: _____

Tel No. _____ E-mail: _____

Identification Driver's License _____

Nation ID _____ Inter: Passport _____

Identification Number: _____

Country of Issue: _____ Date of issue (DD-MM-YYYY): _____

Date of Expiry (DD-MM-YYYY): _____

Nationality: _____ State of Origin: _____

Resident permit (For Non-Nigeria): _____

Employment status: Employed: Unemployed Self Employed

Employers Name: _____

Employers Telephone Number: _____

Employers Address: _____

City: _____ State: _____

Country: _____

Bankers: _____

Source of fund: _____

BVN: _____

ADDITION INFORMATION SCHEDULE OF RISKS TO BE COVERED
(Please study the list carefully and make sure you are talking out a policy giving fullest protection)

COMPLETE THE COLUMN WHERE COVER IS REQUIRED					
(a) General/ premise risk (including liability for fire explosion except liability for injury and damage insurable	Description of premises (work shop, factory , warehouse etc) Estimated number of employee annual wage roll Working at the premises.... N _____				
(b) goods hoist ,craves, lifting tackles, e.t.c.	Description	Number	Motive Power	Whether over Public Street	Number
Who examines them for defects, and how often?					
(c) your premises (including liability for fire explosion except liability for injury or damage insurable by a boiler policy)	Where will the work be carried out? What kind of work will be? Annual Wage Roll Estimated number of employee Working away from premises..... N				
(d) pedal cycles and hand carts	Number used in your business- pedal cycles handcartss				
(e) Employees of sub contracts	Nature of work sublet: Estimated amount of sub contracts:				
Do you desire cover in respect of your liability for injury or illness arising from harmful ingredients in good or beverage sold by you (additional premium required by risk)	Annual turnover Under this extension the indemnity for anyone event is also yearly the limit.....				
(f) does your trade involve any risk(other than as described in (a) to (f) above) for injury to third parties or damage to their property? If so, please give full details.					
(1) give full particular and details of any machinery and electrical appliance used (a) at your premises & (b) on outside work	(a) (b)				
(2) Are all your premises and appliances in sound state of repair?					
BVN					