



Industrial and General Insurance Plc

Plot 741, Adeola Hopewell Street, V/Island, Lagos.

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GROUP LIFE ASSURANCE PROPOSAL FORM (CORPORATE)

IMPORTANT: Kindly complete this form carefully. Failure to disclose all facts likely to influence the acceptance and assessment of this proposal could affect settlement of claims or invalidate your policy. If you are aware of any fact likely to influence the proposal kindly, disclose them in the space provided at the end of this proposal. If any answer has been written by any other person(s), such person(s) shall for that purpose be regarded as the agent of the proposal and the agent(s) Insurer.

DETAILS

PLEASE COMPLETE IN BLOCK LETTERS

Proposer:

Contact Address: Line 1	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>	Town <input type="text"/>	State <input type="text"/>

Postal Address: Line 1	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>	Town <input type="text"/>	State <input type="text"/>

Telephone No.	<input type="text"/>		
Mobile / GSM	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>	Website	<input type="text"/>

CONTACT PERSON

Name	<input type="text"/>	Telephone	<input type="text"/>
E-mail	<input type="text"/>	GSM/Mobile	<input type="text"/>
Position	<input type="text"/>	Fax	<input type="text"/>
Reporting To	<input type="text"/>		

Nature of Business

Industry RC No.

Insurance Required Date From To

Please attach the full list of employees in an excel format containing:

i) Name of Employee

ii) Date of Birth

iii) Total Emolument / annum

DECLARATION

We declare that to the best of our knowledge and believe, the information supplied in this proposal form is true and complete. We understand that cover is not effective until acceptance of this proposal is confirmed and payment effected.

Signature of Proposer _____

Date _____

Agent _____

IMPORTANT NOTICE

Keep a record of all information supplied to us (including copies of letters) as part of this Proposal

A copy of the Completed Proposal form will be supplied on request.

A copy of the policy form is also available on request for verification prior to completion of the Contact.

No Insurance is in force until the proposal has been accepted by the Company and the Premium or Deposit paid except as provided by an official covering note issued by the Company.