



Industrial and General Insurance Plc

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GROUP PERSONAL ACCIDENT INSURANCE 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"/>		<input type="text"/>
Reporting To	<input type="text"/>		

Nature of Business

Industry RC No.

Insurance Required Date From To

COVER REQUIRED

TICK COVER REQUIRED: (i) All accidents (ii) Occupational accidents only

1. Complete the table below only if insurance is required for fixed sum benefits.

Names of persons to be insured state whether Mr/Mrs/Miss) if persons are to be defined by category, give each description of each category and No of persons	Benefits-state amounts to be insured under each heading.					
	Age	Occupation	Death	Permanent Disablement	Temporary Total displacement(per week)	Medical Expenses limit per accident

Note: if space is not enough, attach separate sheet.

2. Complete the table only if insurance is required for multiples or proportions of annual earnings.

Description of category of occupations of persons to be insured	Estimated number of persons	Estimated total annual earnings	Benefits-state multiple or proportion of annual earnings to be insured under each heading.			
			Death	Permanent disablement	Temporary total disablement(per week)	Medical expenses limit per accidents

(i) What emoluments(if any) are to be included in addition to basic salary or wage?

(ii) State the amount which for the purpose of this insurance is to be taken as salary payable to any one person

TICK YES OR NO

3. Is every person to be insured in good health and free from physical and mental defect or infirmity to the best of proposer's knowledge and believe? YES NO

4. Will any of the persons to be insured (i) travel to a considerable extent by air or by motor car in the course of his or her duties?

(ii) Use machinery

if you tick any of the shaded boxes in question 3 and 4 provide full details below:

5. Give particulars of all accidents that have occurred in the last five years involving any person engaged in the occupations for which insurance is required.

6. The following activities are not covered by the policy:

Air travel as pilot or crew ,football, hunting, mountaineering, polo, racing, of any kind wintersports yachting underwater activities involving the use of underwater breathing apparatus, use of woodworking machinery driven by mechanical power. If you require cover in any of these activities, please indicate exact requirement.

7.(i) Has proposer previously held a Group Accidents policy? YES NO

(ii) Has any insurer in connection with accident, sickness or life insurance in respect of any person to be insured ever, to the proposer's knowledge.

	YES	NO
(a) Declined a proposal?	<input type="checkbox"/>	<input type="checkbox"/>
(a) Refused to renew or terminated an insurance?	<input type="checkbox"/>	<input type="checkbox"/>
© Imposed any special condition?	<input type="checkbox"/>	<input type="checkbox"/>

Are there any additional facts likely to affect the proposed Insurance which should be disclosed to the underwriter?

(give details if yes):

Give details of any question to which you answered YES in question 7

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 _____

PLEASE NOTE:

IGI's group personal accident policy, because of it's flexible nature will be tailor-made to suit your requirements. It could be arranged to provide cover for:

- (a) Death within twelve months of an accidents
- (b) Permanent disablement within twelve months of accidents.
- (c) Temporary total disablement for up to 104 weeks.
- (d) Medical, surgical and hospital expenses incurred as a result of an accident.

Our Group Personal Accident may be written on named/unnamed basis providing fixed benefits of multiple of annual salary.

SPECIAL ATTRACTION

- * Medical Examination is not required.
- * Automatic travel cover available for the insured who undertakes any travel by land ,sea, or air except such is undertaken as a pilot or a member of the crew).
- * Weekly benefits up to 75% of weekly earnings may be incurred and benefits are payable for a maximum period of 104 weeks.
- * Death or permanent disablement benefits is payable in addition to any amount already paid or accrued as weekly benefits is or medical expenses.

NOTE: AGE LIMIT 16 TO 65 YEARS.

PRINCIPAL EXCLUSIONS AND CONDITIONS

The Principle exclusions are as follows:

- (1) Disease, nature causes, surgical treatment(unless following an insured accident) suicide, attempted suicide, intentional self-injury, deliberate exposure to exceptional danger (except in attempt to save human life.) and the insured person's own criminal act.
- (2) Riding or diving in any kind of race, operational duties as a member of the armed forces, mountaineering and rock climbing normally requiring the use of ropes or guides.
- (3) War invasion and civil war, invasion of foreigner, riot, commotion, revolution, insurrection or military or usurped power.
- (4) Aviation except when traveling as a passenger

The Group Personal Accidents is subject to certain conditions and exclusions; the principle ones of which are listed above. A standard wording is available from the company on request.

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.