



Industrial and General Insurance Plc

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MACHINERY 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"/>	Fax	<input type="text"/>
Reporting To	<input type="text"/>		

Nature of Business

Industry RC No.

Insurance Required Date From To

Address of plant

Nature of business

Name of Chief engineer or plant manager

Nearest railway station/airport

Has any of the machinery to be insured previously been covered by other companies? Yes No
 If so which items of the specification and by what companies?

State when the insurance is to commence Date: Time:

Period of insurance to expire at the same date and time next year

Do you wish to insure the foundations of the machinery Yes No

If so, please state the relevant items of the specification

Does the specification include all machinery coverable under a Machinery policy? Yes No

If No, does the machinery to be insured represent all the machinery coverable in one plant section? Yes No

Do you wish the cover to include extra charges (in case of loss) for:
 Express freight, overtime, night work, work on public holidays? Yes No
 Air freight? Yes No

Limit of indemnity for air freight:
 Give details of any special extension of cover required

DECLARATION

We hereby declare that the statement made us in this Questionnaire and proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk(s).

It is agree that the insurers are liable in accordance with the terms of policy only and that the insured will not lodge any other claims of whatever nature.

The Insurers undertake to deal with this information in strict confidence.

Executed at _____ this _____ day of _____ 200_____

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.