



Industrial and General Insurance Plc

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MONEY 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

GENERAL QUESTIONS

- (i) Estimated amount of money likely to be in transit any one time/or carrying
- (ii) Maximum amount of money likely to be in transit any one year
- (iii) Method of transit and precautionary measures being employed
- (iv) Approximate distance between your premises and the bank(s)
- (v) Number of employees engaged in handling money at any one time
- (vi) How frequent is money carried by you

DETAILS OF SAFE

1. Do you wish to insure:

- (1) Against loss of money in safe or strong room? Yes No If Yes, for how much
- (2) Damage to safe? Yes No If Yes, for how much

2. Give the following details of each safe on your premises:

Maker's Name	Mode number	Year of make	Size	Weight	Whether built into wall or fixed to the floor	Who possession of the keys?

3. Give the following details of the strong room on your premises if any

Maker's Name	Dimensions	Make of Door	Materials used in the construction of the wall, floor and ceiling

(1) Have you ever proposed for Money Insurance? (i) Required increased premium?

(ii) Imposed special condition?

(2) Has any Insurer in respect of money insurers ever

declined your proposal?

Terminated your policy?

(3) Have you ever sustained a loss from any of the risks now to be insured?

Please, give details of any questions answered yes above.

ADDITIONAL INFORMATION

Are there any additional information likely to affect the proposed insurance which should be disclosed to the underwriters?

YES

NO

If YES, give details

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.