



# Industrial and General Insurance Plc

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## OIL AND ENERGY 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

**INSURANCE REQUIREMENT**

Please indicate what class of insurance to be purchased.

**Non Oil Insurance**

- (a) All Risks Insurance
- (b) Motor
- (c ) Group Personal Accident / Group Life
- (d) Workmen's Compensation
- (e) Fire & Allied Perils
- (f) Burglary
- (g) Marine Cargo & Aviation
- (h) General Third Party Liabilities

**Tick**


(i) Others (Please List)

**Oil / Energy Insurance**

- (a) Physical Material Damage / Loss
- (b) Operators Extra Expenses (OEE)
- © Control of Well
- (d) Cost of Making Well Safe
- (e) Construction All Risks (CAR)
- (f) Aviation Refueling Liabilities
- (g) Seepage and Pollution

**Tick**


(h) Others (Please List )

Insurance History

Have you previously held Insurance of this nature

Yes

No

State loss history in the past 5 years

Has any Insurance Company ever declined your cover, if so state why?

**Contact Address / Further Details**

Kindly state your current contact address to enable our officer's contact you for further details

**DECLARATION**

We hereby declare that to the best of our knowledge and belief, the information supplied in this form is true and shall form the basis of cover to be issued.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**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.