



Industrial and General Insurance Plc

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

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PUBLIC LIABILITY 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	Town	State	

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

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

SCHEDULE OF PREMISES OR CONTACTS

NO. OF EMPLOYEES	DESCRIPTION OF WORK OR CONTRACT AND NATURE OF WORK UNDERTAKEN AWAY FROM PREMISES	ADDRESS OF PREMISES OR SITES OF CONTRACTS IN CONNECTION WITH WHICH INSURANCE IS REQUIRED.

1. (a) state the estimated total annual wages (including remuneration of working partners and directors) for:
 - (i) Own premises =N=
 - (ii) Work elsewhere =N=
- (b) Estimated total annual payments to sub-contractors on:
 - (i) Own premises =N=
 - (ii) Work elsewhere =N=
2. (a) Are all the premises in good state of repair? Yes No
- (b) Have you any Vehicles or Cycles which are not power driven? Yes No
3. (a) Have you any good lifts, cranes or hoists? Yes No
- (b) (i) Are such lifts, cranes or hoists regularly inspected to meet statutory requirements? Yes No
- (ii) By whom are the lifts, cranes or hoists inspected?
4. Give details of any mobile plant and (or) vehicles not licensed for road use:
5. State what acids, gases, chemicals, explosives or radio-active materials will be used and to what extent?

COVER REQUIRED

1. Limits of indemnity required: =N=
2. My cover required for:
 - (a) Food poisoning
 - (b) Fire and explosion
 - (c) Any other special explosion

If (c) is checked, please give particulars

INSURANCE HISTORY

1. Have you ever been insured against Liability risks? Yes No
2. Has any Company or underwriter in respect of a similar insurance ever
 - (a) Declined your proposal Yes No
 - (b) Refused to renew the policy Yes No
 - (c) Imposed special terms Yes No

If yes was checked in questions (1) – (3) above, Please provide details in the box below:

ADDITIONAL INFORMATION

Is there any other information likely to affect the risk proposed for insurance which should be disclosed?

Yes No

If yes was checked, please give details

DECLARATION

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

Signature

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.