



Industrial and General Insurance Plc

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

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ESTATE COMPREHENSIVE INSURANCE PROPOSAL FORM (INDIVIDUAL)

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.

PERSONAL DETAILS

PLEASE COMPLETE IN BLOCK LETTERS

Proposer:
Surname Firstname Middlename

Please specify Title Mr Mrs Miss Others Sex: Male Female

Marital Status: Single Married Divorced Separated Widowed

Date of Birth (dd/mm/yyyy)

Occupation Are you self employed? Yes No

Resident Address: Line 1
Line 2
Line 3 Town State

Postal Address: (if different from above) Line 1
Line 2
Line 3 Town State

Telephone Nos. Home Office
Mobile / GSM Fax
Email Website
Wedding Anniversary Date (if applicable)
Insurance Required (Dates) From To

NEXT OF KIN / EMERGENCY CONTACT

Name Relationship
Contact Address: Line 1 Telephone
Line 2
Line 3 Town State

Name of Estate

What is the full cost of rebuilding your Private Dwelling House and Outbuildings?

Do any other parties have financial interest in the building? Yes No

What is the total sum insured required for replacing all the contents of your Private House and Outbuildings?

Do you want the Insurance for loss damages to specified articles of Gold, Silver or other valuables by any accident or misfortune anywhere within specified territorial limit? Yes No

If yes, what is the total replacement cost of your valuables?

(Please attach a list of articles to be covered with the values and where necessary Valuation Certificate).

DECLARATION

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

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.