



Industrial and General Insurance Plc

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FIDELITY GUARANTEE 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

Brief Description of Main Operation:

Which of these involve cash transaction?

State other instruments, articles or goods involved in your operation capable of conversion through fraud and dishonesty:

How long have you or the Company had been operating:

Has there been any loss through employee's fraud and/or dishonesty?

Yes

No

If Yes, state:

a) the number of occurrence(s)

b) the maximum amount of direct loss per occurrence

What internal control measures are available to check fraud?

State the name, position and amount of cover required in respect of your employees below:

S/NO	NAME	POSITION	LIMIT GUARANTEE REQUIRED

If you require the un-named basis option, please state:

Total number of staff:

Amount per person:

Total amount to be guaranteed:

Aggregate amount guaranteed:

Systems of check put in place:

Systems of supervision put in place:

Please supply the names and addresses of at least two referees each of the foregoing employees (a list may be attached)

DECLARATION

I/We hereby certify that the information provided above is true to my/our knowledge and belief and shall form the basis of the contract of insurance between me/us and Industrial and General Insurance Company Limited.

Signature of Proposer:

Date:

Agency:

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 Contract.

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.