



Industrial and General Insurance Plc

Plot 741, Adeola Hopewell Street, V/Island, Lagos.
P.M.B. 80181, Victoria Island, Lagos.
Tel: +234-1- 6215010-4, Fax: +234-1-2621146
Website: www.iginigeria.com, E-mail: info@iginigeria.com

PROFESSIONAL INDEMNITY 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

Of which Professional Association or Body do you belong?

Class of Membership (Fellow, Associate or Member):

How long have you been in this profession?

Do you act as Underwriting Agent for any Syndicate, Underwriters or Insurance Companies? Yes No

If Yes, give details:

Give the following details

Name of Partner/Principals	Qualification	Date Qualified
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you previously held or do you now hold Professional Indemnity Policy? Yes No

If Yes, give details:

Annual Brokerage Income:

Estimated Annual Brokerage Income, if new.

Additional Information

QUESTIONS	ANSWERS
<ul style="list-style-type: none">● Total Number of Partners.● Total staff other than Secretaries and Messengers.● Secretary, Telephonist and Messengers.● Do you want to cover all Staff.	<input type="text"/>
<p>Limit Indemnity</p> <ul style="list-style-type: none">● In anyone Occurrence● For one Insurance Period	<input type="text"/>

DECLARATION

We declare and warrant that the above statements and particulars are in all respects complete and true that they are material and that we have not suppressed or mis-stated any facts and we agree that this proposal shall be the basis of the contract with underwriters and deemed part of the Insurance coverage issued to us.

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.