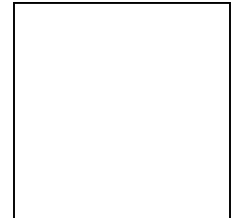




NEM INSURANCE PLC

INCORPORATED IN NIGERIA

FIRE INSURANCE PROPOSAL FORM



N.B. It is important that replies be given to all the Questions

Order No:

Policy No:

“An Insurance agent who assists an applicant to complete the proposal Form for insurance shall be deemed to have done so as the agent of the applicant”

Name

(Please state whether Mr. Mrs. or Miss)

Postal Address.....

*Residential Address (Proof attached).....

Profession/Occupation

*Telephone (Office) Mobile:

E-mail Address:.....

*Identification (Int Passport/National ID/Voters ID/Drivers License)

*Banker(s) Source of Fund.....

***Note :** The asterisked items are of high importance

PROPERTY TO BE INSURED

SITUATION OF PREMISES OR RISK.....

CONSTRUCTION

(a) **PRIVATE DWELLING**

1. MAIN BUILDING walls Roof.....
2. On Household Goods and personal effects of every description belonging to the Insured or members of his family
3. Do you occupy the whole of the premises yes/No.
4. Is the cooking by gas or electricity yes/No. (If not give details)
5. Are there any other insurances in force on the same property (if yes state name of Insurer)
6. Have you ever suffered loss by Fire (if yes give details)
7. Have you ever had a proposal or renewal of Insurance declined or a policy Cancelled, or renewal invited at an increased rate (if so give details)

(b) **OTHER OUTBUILDINGS** (state the details of buildings and contents separately)

(c) **BUSINESS PREMISES**

1. BUILDING walls..... Roof.....
Occupation.....
2. MERCHANDISE OR STOCK IN TRADE, (the proposer's own or held in trust or for which they are legally responsible) consisting of
3. BUSINESS FIXTURES, Fittings and office Furniture.....
4. State the Distance from above Building to any Neighbouring Buildings.....
5. How are such Neighbouring Buildings Occupied?.....

SUM TO BE INSURED

RATE

₦

₦

6. What artificial light is used?.....
7. Have you ever suffered loss by fire..... If so give details.....
8. Has any Company or Underwriter in respect of any Fire Insurance
- (a) Decline to insured?..... (c) Cancelled your Policy?.....
- (b) Required an increase premium for any reason?..... Refused to renew your policy?.....

N.B.: The sum insured above are subject to average, if at the time of loss the sums were discovered to be inadequate hence the insured will be responsible for the proportionate share of the loss. Please, insure for full value.

I/We desire to effect an Insurance with the Company in the terms, conditions and exceptions of the Policy to be issued by the Company. I/We agree that this proposal shall form the basis of the Contract between me/us and the Company.

Policy to - date From: to

Premium ₦. Proposer's signature.....

CHECK LIST – FOR OFFICE USE ONLY

Please tick approximately:

*Evidence of means of address submitted :

- (i) Telephone bill (ii) Bank statement (iii) Utility bill (iv) Others

*Evidence of identification submitted

- (i) International Passport (Data page) (ii) National identity card
 (iii) Driver's license (iv) Letter from Public Notary/Religious leader

*Means of payment:

- (i) Cash (ii) Cheque (iii) Bank Transfer

*Risk Rating: **Underwriting**

- (i) Low (ii) Medium (iii) High

*Client Profiling - (i) PEP (ii) FEP (iii) Terrorist

* Source of fund

Please tick relevant Checklist

- ❖ If the insured is corporate, evidence of incorporation submitted (Y) (N)
- ❖ Are supporting documents submitted? (Y) (N)
- ❖ Is due diligence carried out? (Y) (N)

COMPLIANCE OFFICER:.....

SIGNATURE:.....