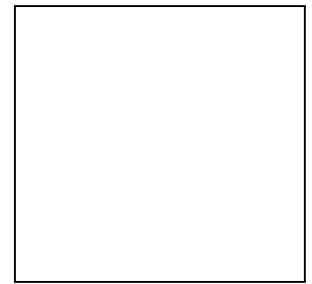




NEM INSURANCE PLC
138/146, BROAD STREET
LAGOS



PROPOSAL FORM - COMPUTER ELECTRONICS EQUIPMENT POLICY

Note: The asterisked (\*) items are of high importance

PROPOSER

- 1 Name of Proposer
(a) Date of Birth/Incorporation of Company...Sex:
2 \*(a) Address (Proof attached)
\*(b) E-mail: Telephone:
3 Business
4 \*Identification: (Int'l Passport, National I.D. card or others)
5 \*Banker(s)...Source of Fund.

WORKING CONDITIONS

- 5 What are the normal working hours of the Equipment?
6 Maintenance
(a) At what interval is maintenance effected?
(b) By whom?
7 Overhauls
(a) At what interval is the machine overhauled?
(b) By whom?

HISTORY

- 8 How long have the works been in the operation?
9 Give details of any defects, known to you, in the Equipment proposed
10 Has the Equipment proposed or similar equipment used by you suffered damage during the last five years?
If so, please state:
(a) the computer affected
(b) brief details of damage and cause
(c) cost of repair or replacement

11 Has any insurer declined to insure, refused to renew, required increase rates or imposed special terms in connection with the insurance of Equipment owned by you? .....

**GENERAL**

12 Do you own the Equipment proposed? .....  
If not (a) to whom does it belong? .....  
and (b) what is your interest in the Computer .....

13 On what date is the insurance (a) to commence? .....  
(b) to be renewable .....

14 Do you wish to include (at additional premium)  
(a) Express carriage and overtime costs incurred in repairs?  
(the normal limit is 25% of the repair cost)  
(b) Foundations? If so, state sum insured required for each item of equipment  
.....  
(c) For lifting equipment - damage to lifted goods? .....  
If so, describe goods and state maximum value lifted at any one time.  
(d) For lifting equipment - damage to surrounding property?  
If so, describe general and state insured required.  
(e) For mobile equipment - extension to "All Risks" cover?.....  
(f) For boilers and pressure vessels  
i explosion due to steam, air or fluid pressure?.....  
ii explosion of gas? .....  
If so, please state fuel, e.g. coal, oil, gas, wood, etc .....  
iii damage to surrounding property due to explosion?.....  
If so, state sum insured required .....  
iv third party liability due to explosion? .....  
If so, state sum insured required .....

**TYPE OF COMPUTER/ELECTRONIC**

**SUM INSURED:**

Please attach copies of the most recent inspection reports on all boilers and pressure vessels for which insurance is required. No cover can be given until the relevant inspection reports are made available to the company.

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**DECLARATION**

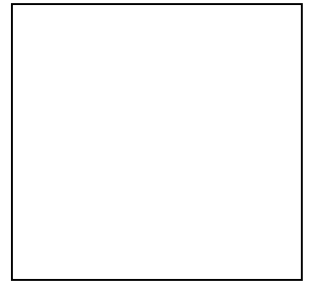
I/We, the undersigned, being desirous of effecting an Insurance as above, do hereby warrant the truth of all the statements contained above and in the Schedule overleaf, and that I/we have not withheld any material information and I/we agree that this Proposal and declaration shall be the basis of the contract between myself/ourselves and the company.

**Date:** .....

**Signature:** .....



**NEM INSURANCE PLC**  
**199, IKORODU ROAD,**  
**OBANIKORO, LAGOS**



## **PROPOSAL FORM - MACHINERY BREAKDOWN/PAR POLICY**

***Note: The asterisked (\*) items are of high importance***

### ***PROPOSER***

- 1 Name of Proposer .....  
Postal Address .....
- (a) Date of Birth/Incorporation of Company.....Sex: .....
- 2 \*(a) Address (Proof attached).....  
\*(b) E-mail:..... Telephone:.....
- 3 Business .....
- 4 \*Identification: (Int'l Passport, National I.D. card or others).....
- 5 \*Banker(s)..... Source of Fund.....

### ***WORKING CONDITIONS***

- 6 What are the normal working hours of the machinery? .....
- 7 Maintenance  
(a) at what interval is maintenance effected? .....
- (b) by whom? .....
- 8 Overhauls  
(a) at what interval is the machine overhauled? .....
- (b) by whom? .....

### ***HISTORY***

- 7 How long have the works been in the operation? .....
- 8 Give details of any defects, known to you, in the machinery proposed .....

- 9 Has the machinery proposed or similar machinery used by you suffered damage during the last five years?  
 If so, please state:  
 (a) the machine affected .....  
 (b) brief details of damage and cause .....  
 (c) cost of repair or replacement .....
- 10 Has any insurer declined to insure, refused to renew, required increase rates or imposed special terms in connection with the insurance of machinery owned by you? .....

**GENERAL**

- 11 Do you own the machinery proposed? .....  
 If not (a) to whom does it belong? .....  
 and (b) what is your interest in the machinery .....
- 12 On what date is the insurance (a) to commence? .....  
 (b) to be renewable .....
- 13 Do you wish to include (at additional premium)  
 (a) Express carriage and overtime costs incurred in repairs?  
 (the normal limit is 25% of the repair cost)  
 (b) Foundations? If so, state sum insured required for each item of machinery  
 .....  
 (c) For lifting machinery - damage to lifted goods? .....  
 If so, describe goods and state maximum value lifted at any one time.  
 (d) For lifting machinery - damage to surrounding property?  
 If so, describe general and state insured required.  
 (e) For mobile machinery - extension to "All Risks" cover?...  
 (f) For boilers and pressure vessels  
 i explosion due to steam, air or fluid pressure?.....  
 ii explosion of gas? .....  
 If so, please state fuel, e.g. coal, oil, gas, wood, etc .....  
 iii damage to surrounding property due to explosion?.....  
 If so, state sum insured required .....  
 iv third party liability due to explosion? .....  
 If so, state sum insured required .....

**TYPE OF MACHINE/PLANT**

**SUM INSURED:**

Please attach copies of the most recent inspection reports on all boilers and pressure vessels for which insurance is required. No cover can be given until the relevant inspection reports are made available to the company.

**DECLARATION**

I/We, the undersigned, being desirous of effecting an Insurance as above, do hereby warrant the truth of all the statements contained above and in the Schedule overleaf, and that I/we have not withheld any material information and I/we agree that this Proposal and declaration shall be the basis of the contract between myself/ourselves and the company.

Date: .....

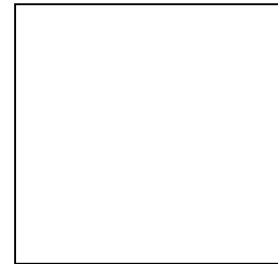
Signature: .....

## **ADDITIONAL RISKS THAT CAN BE PROPOSED FOR INCLUSION IN THE MACHINERY BREAKDOWN POLICY**

- (a) Express carriage, overtime and extra payments for working during holidays, Sundays and night-time in order to expedite repairs. Note where Machinery Consequential Loss (Interruption) Insurance is in force such additional costs will generally be paid as part of the consequential loss claim.
- (b) Damage to Foundations and Masonry.
- (c) Damage to Goods being lifted by cranes or other lifting machines.
- (d) Damage to Surrounding Property (i.e. other property belonging to the insured or in his custody and control)
- (e) All Risks cover on mobile machinery (i.e. exclusion 1 overleaf would not apply)
- (f) Explosion of Boilers or Pressure Vessels (where such cover is not provided by Fire or other insurances).

### **Other Insurance Cover Available for all types of Machinery**

- (1) Machinery Consequential Loss (Interruption Insurance - Indemnity against loss of earnings resulting from damage to machinery during normal use, or during transit, erection, construction or other hazards, spoilage or goods during procession due to damage to machinery.
- (2) Contract Works (Machinery) Insurance - All Risks during erection, construction and testing.
- (3) Impact Damage Insurance - Indemnity to manufacturers against damage during manufacture. Cover against liability under guarantees for repair can also be provided.
- (4) Computer Insurance
- (5) All Risks excluding breakdown cover on mobile machinery.
- (6) Deterioration of goods in Cold Store.



**«AN INSURANCE AGENT WHO ASSISTS AN APPLICANT TO COMPLETE AN APPLICATION OR PROPOSAL FORM FOR INSURANCE SHALL BE DEEMED TO HAVE DONE SO AS THE AGENT OF THE APPLICANT »**

**NEM INSURANCE PLC  
138/146, BROAD STREET  
LAGOS**

**QUESTIONNAIRE & PROPOSAL FORM - ERECTION/PLANT ALL RISKS  
INSURANCE**

Note: The asterisked (\*) items are of high importance

<p>1. PARTIES TO THE CONTRACT</p> <p>Name of Proposer : .....</p> <p>Postal Address:.....</p> <p>a) The Contractor (s) : .....</p> <p>b) Date of Birth/Incorporation of Company.....</p>	
<p>2. (a) *Residential Address (Proof attached): .....</p> <p>.....</p> <p>(b) *Telephone:.....</p> <p>3 Business .....</p> <p>4 *Identification: (Int'l Passport, National I.D./Voters ID/Driver's License) .....</p> <p>5a) *Banker(s).....</p> <p>Source of Fund.....</p>	
<p>b) The Principal</p>	
<p>c) Sub-Contractor(s)</p>	
<p>d) Consulting Engineers</p>	
<p>2. THE PROJECT :</p>	
<p>a) Title of the Contract</p>	
<p>b) Location of Erection/Construction Site</p>	
<p>c) Description of Erection/Construction work</p>	
<p>i) If Plant/Machinery is to be erected, state whether new or second-hand</p>	
<p>ii) If civil work is intended, give nature and the value thereof</p>	
<p>d) Has erection/Construction already commenced?</p>	<p>YES / NO</p>
<p>i) What value has been completed but not handed over</p>	
<p>ii) What value is remaining to be completed</p>	
<p></p>	
<p></p>	

3. EXPERIENCE				
i) Are the parties involved experience in this type of construction of erection methods ?	YES / NO			
ii) If Yes, give examples of work, Date, Value and Description of such work previously erected.				
iii) Who are your previous Insurers ?				
iv) What is the loss record over the past three Years ?				
4. SPECIAL HAZARDS				
Are site(s) exposed to any special hazards ? If Yes, give details				
5. HAVE PLANS, DESIGNS AND MATERIALS OF THE KIND USED IN THIS PROJECT BEEN USED AND/OR TESTED IN NIGERIA?				
a) Give details of :- previous erections/construction	DATE	PRINCIPAL	NATURE OF WORK	AMOUNT
b) Give details of any prototype, novel, obsolete or experimental machines				
c) Is this an extension of an existing Work				
d. Will operation of existing work continue during erection/construction period				
e) Is cover required for erection of equipment and machinery ?				
6. DATES AND PERIODS				
a) Construction/Erection Period	..... Months from.....			
b) Testing Period	..... Weeks from.....			
c) Commissioning Period	..... Weeks from .....			
d) Maintenance Period	..... Months from.....			
e) Type of Maintenance Cover required (Please tick)				
f) Duration of storage at site prior to	(a) Limited Cover (Visits), or (b) Extended Cover			
7. AMOUNTS TO BE INSURED				
a) Contract Works including temporary and permanent works (Total Contract Price)	N.....			
b) Temporary Building	N.....			
c) Construction equipment and installations, e.g. Materials used for scaffolding, sewage installation, tools, tackles etc.	N.....			
d) Construction machinery, e.g. bulldozers, dumpers, graders, cranes, pile-drivers, etc.	N.....			
e) Clearance of débris	N.....			

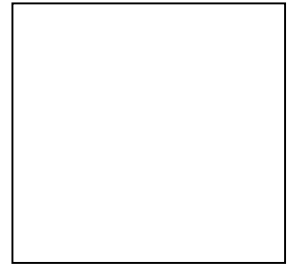


f) Architects, Surveyors and Consulting Engineers, Fees	N.....
8. PRECAUTIONS	
i) What precautions will be taken against special hazards e.g. explosion, fire, theft, and malicious damage ?	
ii) Will Security Guards be maintained day and night (Please give details).	
iii) What other Protections are provided ?	
9. THIRD PARTY LIABILITY	
i) Is Third-Party Liability to be included ? (if Yes, please state limit of indemnity)	YES / NO
ii) Give details of existing buildings or surrounding property likely to be affected by the erection/construction work	
10 GENERAL INFORMATION	
i) Is transit to be included ? (If Yes, state limit/aggregate)	YES / NO
ii) Are expediting expenses to be covered ? (If so, state limit)	YES / NO
iii) State what other extensions are required	

We hereby declared that the Statement made by us in this questionnaire and Proposal are complete and true to the best of our knowledge and belief, and we hereby agree that this Questionnaire and Proposal shall form the basis and be part of any policy issued in connection with the above risks.

**Date**.....

**Signature**.....



**NEM INSURANCE PLC**  
**138/146, BROAD STREET**  
**LAGOS**

**QUESTIONNAIRE/PROPOSAL FORM - CONTRACTORS' ALL RISKS**  
**INSURANCE/ERECTION ALL RISK**

***Note: The asterisked (\*) items are of high importance***

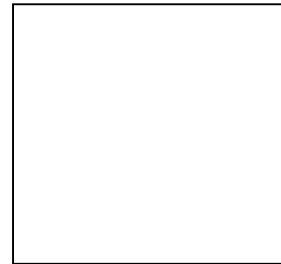
1. Title of contract (if project consists of several sections, specify section(s) to be insured)	
2. Location of site  Country/Province/District  City/Town/village	
3. Name and address of Principal	
4. Name(s) and address(es) of Contractor(s) (Proof attached).....  Date of Birth/Incorporation of Company.....	
(a) Address .....	
(b) *E-mail:.....Telephone .....	
(c) Business .....	
(d) *Identification: (Int'l P/port, National I.D./Voters I.D./Driver's License or others).....	
(e) *Banker(s) ..... Source of fund.....	
6. Name(s) and address(es) of Subcontractor(s)	
6 (b)Name and address of Consulting Engineer	
7. Description of contract work (please give detailed technical information)	Dimensions (length, height, depth, Spans, number of floors)

	Foundation (method, level of deepest excavation)
	Construction methods
	Construction materials
8. Is the Contractor experienced in this type of work or construction methods	YES/NO
9. Period of Insurance	Commencement of work
	Duration of construction:..... months
	Date of completion
	Maintenance period ..... months
10. Work to be carried out by Subcontractors	
1. Work to be carried out by Subcontractors	Fire, Explosion YES/No
	Flood, inundation YES/No
	Landslide, storm, cyclone YES/No
	Bleasting YES/No
	Others
	Volcanism Tsunami YES/No
	Have earthquakes been observed in this area YES / NO
	If so, please state intensity magnitude
	Is the design of the structures to be insured based on requisitions regarding earthquake-resultant structures ?
	Is the design standard higher than that stipulated in the relevant regulations?
12. Subsoil conditions	Rock gravel sand clay filled ground
	Others
	Do geological faults exist in the vicinity ? YES/NO
13. Ground water level	



<p><b>Section 11</b> <b>Third Party Liability</b></p>	1. Contract work (Permanent & temporary work, including all materials to be incorporated herein)		
	1.1 Plants & Equipment		
	1.2 Temporary Building		
	1.3 Transit		
	1.4 Off-Site Storage		
	1.5 R.I.B.A.		
	1.6 Professional/Architect Fees		
	1.7 Debris Removal		
	<b><i>Special risks to be insured</i></b>	<b><i>Limits of indemnity</i></b>	
	Earthquake, Volcanism, Tsunami		
	Storm, Cyclone, flood, inundation, landslide		
	<b><i>Items to be insured</i></b>	<b><i>Limits of indemnity</i></b>	
	1. Bodily injury		
	1.1 any one person		
	1.2 Total		
	2. Property damage		

	Total limit to be applied under Section 11		
	3. Limit of Indemnity in respect of each and every loss or damage and/or series of losses or damages arising out of any one event.		
	4. Limit of indemnity in respect of any one accident or series of accidents arising out of any one event		
<p><i>We hereby declared that the statement made by us in this Questionnaire and Proposal are complete and true to the best of our knowledge and belief and we hereby agree that this Questionnaire and Proposal shall form the Basis and be part of any policy issued in connection with the above risk or risks it is agreed that the insurers shall be liable in accordance with the terms of the policy only and that the insured will not lodge any other claims of whatever nature.</i></p> <p><i>The insurers undertake to deal with this information in strict confidence.</i></p> <p>Executed at                      this                      day   of                      to</p>			
<p><b>Signature :.....</b></p>			



**PROPOSAL FORM - PUBLIC LIABILITY INSURANCE**

***Note: The asterisked (\*) items are of high importance***

***PROPOSER'S NAME IN FULL***

- 1 Name of Proposer .....
- (a) Date of Birth/Incorporation of Company.....
- (b) Sex: .....
- 2 \*(a) Address (Proof attached) .....
- \*(b) E-mail:.....Telephone:.....
- 3 Business .....
- 4 \*Identification: (Int'l Passport, National I.D. card or others).....
- 5 \*Banker(s).....Source of Fund.....
- 2. TRADE OR BUSINESS :.....
- HOW LONG ESTABLISHED.....
- 3. EXACT NATURE OF OCCUPATION OR WORK TO WHICH THIS INDEMNITY IS TO APPLY .....
- 4. ADDRESSES AND BRIEF DESCRIPTION OF THE PREMISES TO BE INSURED.....
- .....
- .....

<b>FOR OFFICE USE</b>
POLICY NO:
FROM
TO
RENEWABLE
ANNUAL PREMIUM
FIRST PREMIUM
ANNUAL ESTIMATE FOR
PREMIUM CALCULATION

- 5. LIMIT OF INDEMNITY REQUIRED FOR ANY ONE ACCIDENT OR OCCURRENCE
- 6. ANNUAL WAGES, SALARIES AND OTHER EARNINGS ESTIMATED TO BE PAID TO
 

(a) EMPLOYEES ENGAGED AT YOUR PREMISES	NO OF EMPLOYEES
(B) EMPLOYEES ENGAGED AWAY FROM YOUR PREMISES	NO. OF EMPLOYEES

7 Give brief details of any mechanically operated (a) Lifts, hoist, cranes, escalators N.B. Passenger Lifts must be insured by a separate Policy (b) All other machinery or appliances (c) Trap doors cellar flaps, or pavement openings including pavement lights and sights	(a)  (b)  (c)
8. Do you handle or use (a) Chemicals, acids, gases or explosive ? (b) Radioactive isotopes or radioactive substances ?	(a)  (b)
9. (a) Give details of any canteen catering arrangements with a note of the accommodation (b) Are persons other than your employees catered for ? (c) Do you undertake any work or use any process which might caused flood, fumes atmospheric of Of water pollution, Fire or Explosion ? If so please give details	(a)  (b)  (c)
10 Is any work other than the normal maintenance of your premises carried out for you by contractors and/or sub-Contractors ?.....  If so please state the nature and extent of such work and the annual expenditure involved.	
11. Are you at present insured or have you ever proposed for an insurance in respect of Public Liability ? If so, please give name of Company or underwriter	
12. Has any Company or Underwriter ever in connection with Public Liability : (a) Declined your proposal (b) Refused to renew your policy (c) Cancelled your Policy (d) Required an increased premium or imposed special conditions.	(a) (b) (c) (d)
13. State particulars of all claims in respect of any liability covered by this type of insurance made upon you during the last three years	

### DECLARATION

I/We declare that the above answers are true and agree that this proposal and declaration shall be the basis of the Contract between me/us and the Company and in consideration of a Policy being issued. I/We agree, if required by the Company, to render at the end of each period of Insurance a statement in the form required for the purpose of the adjustment of premium and to pay premium on any amount paid in excess of the provisional estimate and I am/we are wiling to accept a policy subject to the terms exceptions and conditions prescribed therein.

**Dated .....20..... Signature of Proposer:.....**

The liability of the Company does not commence until this proposal had been accepted by the Company and the premium paid.



# NEM INSURANCE PLC

K138/146 BROAD STREET  
LAGOS.

## NON -LIFE INSURANCE

### KNOW YOUR CUSTOMER ( KYC) FORM

SURNAME:.....

...

OTHERS:.....

...

DATE OF BIRTH: ..... SEX: (M/F) .....

COMPANY NAME IN FULL:.....

DATE OF INCORPORATION OF COMPANY.....

OCCUPATION/PROFESSION:.....

NATURE OF BUSINESS.....

OFFICE ADDRESS:.....

.....

RESIDENTIAL ADDRESS:.....

TELEPHONE NUMBER(S):.....

E-MAIL:.....

MODE OF IDENTIFICATION {\*SEE NOTE BELOW\*}.....

ID NUMBER: ..... EXPIRY DATE:.....

PLACE AND DATE OF ISSUE:.....

NAME OF BROKER:.....

ADDRESS OF BROKER:.....

TYPE OF POLICY (IES) REQUIRED:.....

GENERAL COMMENT:.....

### FOR OFFICIAL USE ONLY

NEM STAFF CONTACT/MARKETER: .....

NAME

SIGNATURE/DATE

APPROVED BY:.....

DATE:.....

### **\*NOTE: REQUIREMENT**

- VEHICLE LICENSE
- PASSPORT PHOTOGRAPH
- INTERNATIONAL PASSPORT
- NEPA BILL
- DRIVER'S LICENSE