



## TRAVEL INSURANCE PROPOSAL FORM

199, IKORODU ROAD, OBANIKORO BUS STOP, LAGOS  
TELEPHONE: 01448 9570-2 WEBSITE: WWW.NEM-INSURANCE.COM

Full Name:.....

Address:.....

Phone No:..... Email:.....

Date of Birth:..... Occupation:.....

Gender: Male  Female  Marital Status:  Married  Single

Passport No:.....

Name of Next of Kin:.....

Address of Next of Kin:.....

Relationship:..... Phone Number of Next of Kin:.....

Coverage Begins:..... Coverage ends:.....

Destination:..... Policy Plan:.....

Do you intend to stay in any one country for more than 90days? Yes  No

Do you have pre-existing Medical Condition (s) Yes  No

If yes, please indicate:.....

HOW DID YOU HEAR ABOUT THIS TRAVEL INSURANCE POLICY?.....

### DECLARATION

- (a) I/We desire to effect an insurance in the terms of the usual policy of Health insurance and declare that the above statements and particulars are true. I/We further declare that this proposal shall be the basis of the Contract between me/us and the company and that I/We will not expect any additional payment from the Company for claims exceeding the maximum amount of liability.
- (b) I further declare that all Insured Person(s) are in good state of health and fit to travel.

Date:..... Applicant Signature:.....

Agency:.....

"Please note that premium paid is not refundable"

*"An insurance agent who assist an applicant to complete an application or proposal form for insurance shall be deemed to have done so as the agent of the applicant."*