



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 Heath 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."