



PRESTIGE ASSURANCE PLC

19, LIGALI AYORINDE STREET, VICTORIA ISLAND, LAGOS

(+234) 7098820692, 7098820693, 7098820767

FIRE INSURANCE PROPOSAL FORM

FOR

PRIVATE DWELLING HOUSES

NAME OF PROPOSAL IN FULL _____
(Block Capitals, please)

POSTAL ADDRESS _____
(Block Capitals, please)

OCCUPATION _____

Office Telephone No. _____ Mobile Phone _____

ADDRESS OF PROPERTY TO BE INSURED _____
(Block Capitals, please)

SUMS INSURED

- | | |
|---|---|
| 1. Building of Private Dwelling House | N |
| 2. Household Goods and Personal Effects | N |

Please answer the following by deleting whichever does not apply:

- | | |
|--|--------|
| 1. Is the building occupied solely as private dwelling house?
(If not give details) | Yes/No |
| 2. Is the dwelling house built of stone, brick or concrete block walls and roofed with
Slates, tiles, asbestos or corrugated iron?
(If not give details) | Yes/No |
| 3. Do you occupy the whole of the premises?
(If not give details) | Yes/No |
| 4. Is the cooking by gas or electricity?
(If not give details) | Yes/No |
| 5. Are there any other insurance(s) in force on the same property?
(If yes, state name of Insurers) | Yes/No |
| 6. Have you ever suffered loss by fire?
(If not give details) | Yes/No |
| 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) | Yes/No |

Do you wish to include any of the following perils at an additional premium? If so, please indicate which you require; Aircraft, Explosion, Earthquake, Riot and Strike, Tornado, Flood, Burst Pipe, Impact, Bush Fire.

NOTE: THE SUMS INSURED ABOVE ARE SUBJECT TO AVERAGE. THIS MEANS THAT SHOULD THESE PROVE TO BE INADEQUATE AT THE TIME OF LOSS YOU WILL BE RESPONSIBLE FOR A PROPORTIONATE SHARE OF THE LOSS. IT IS THEREFORE IMPORTANT, IN YOUR OWN INTERESTS, THAT YOU INSURE FOR FULL VALUE.

I/We desire to effect an insurance in the terms of the usual Policy for Fire 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 PRESTIGE ASSURANCE PLC and that the amounts to be insured represent to the best of my/our knowledge and belief the full market value of the property stated.

Date _____ Signature of proposer _____

No insurance is in force until the Proposal has been accepted by the company and the Premium or Deposit paid.

TERM OF INSURANCE: FROM _____ 20 _____ TO _____ 20 _____

AGENCY _____ Code _____

"An insurance agent who assists an applicant to complete and application on proposal form for insurance shall be deemed to have done so as the agent of the applicant"