



ALLIANCE & GENERAL INSURANCE PLC

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GROUP PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

For insurance of financial aid to employees disabled by accident whether at or away from work

IMPORTANT

INSURANCE (SPECIAL PROVISIONS) DECREE No. 40 1988

An Insurance agent who assists an applicant to complete an application or proposal for insurance shall be deemed to have done so as the agent of the applicant.

Employer’s name (in full)

Address

Business or Occupation (if more than one please give full particulars)

.....

Telephone

Period of Insurance: From To

1 Are all persons to be insured in good state of health and free from physical defect or infirmity? If not, please give particulars

2 Are you or have ever been insured for these risks. If so with which insurers and why was the insurance discontinued

3 Please indicate the number and brief particulars of accidents which have occurred during the past three years

DECLARATION

I/We hereby warrant and declare the truth of all the above statements and that I/We have not held any material information, and I/We hereby agree to give notice to Alliance & General Insurance Company Ltd of any variation in My/Our profession, occupation or health of any of the persons to be insured immediately such information shall come to my/our knowledge. I/We further agree that this Declaration shall be the basis of the contract between me/us and

