

AIICO Plaza

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AIICO INCOME INVESTMENT PLAN

APPLICATION FOR INSURANCE IN

APP. NO.
NAME AND CODE NUMBER OF AGENCY

<p>1. Proposed Insured: <input type="checkbox"/> Male <input type="checkbox"/> Female <small>(Print full name including middle name)</small></p> <p>2. Name to be used for correspondence purposes, (Surname First): </p> <p>3. A. Date of birth:/...../..... B. Age:</p> <p>C. Place of birth: Citizen of (Country):</p> <p>4. Send premium Notices to <input type="checkbox"/> Residence <input type="checkbox"/> Business address</p> <p>5. Residence Address during the past.....Years No.....Street..... City..... State.....Country..... Tel..... Fax..... E-mail.....</p> <p>6. BUSINESS ADDRESS No.....Street..... City..... State.....Country..... Tel..... Fax.....E-mail..... Employer..... Nature of business.....</p> <p>7. OCCUPATION (give exact duties) A. Principal..... How long employed? B. Other..... C. Former Occupation?.....</p> <p>8. Do you contemplate or have you taken flights within 3 years other than as a fare paying passenger on regularly scheduled airlines? (If yes, complete Aviation Questionnaire). YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>9. A. What Life Insurance is now in force on your life? Year Issued Company Amount </p>	<p>10. A. Regular Premium B. Premium Payable: Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/></p> <p>11. Policy Term</p> <p>12. Beneficiary (Print Include address if not same as 5): Full Name: Age: Relationship: Primary..... Contingent</p> <p>Except as otherwise directed: (A) the proceeds are to be divided equally among all persons who are named as Primary Beneficiary and who survive the insured, but if none survive, equally among all persons who are named as Contingent Beneficiary and who (B) the right to change the beneficiary is reserved</p> <p>13. Is any application for the Life Insurance now pending or contemplated on Your Life? (If yes, name companies and amounts under question 9) YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>14. Has any application for or reinstatement of Life, Accident or Health Insurance ever been declined postponed, rated or in any way modified? (If yes give details date and company under question 16) YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>15. What payment has been made with this application?</p> <p>16. Use this place for additional details, for instruction</p>
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FOR HEAD OFFICE ENDORSEMENT ONLY.

I HEREBY AGREE that there shall be no contract of Insurance unless a policy is issued and delivered on this application and the full first premium thereon actually paid during the lifetime, and good health of the Proposed Insured, provided however that if any payment of premium is made in cash at the time of signing this application and the receipt is detached here from, the terms of the receipt shall apply hereto and are agreed to; that all the statements and answers in this application, as well as those made or to be made to the Medical Examiner or the Agent in part II are full, complete and true, and bind all parties in interest under the policy herein applied for, that no right to borrow; surrender or assign or other privilege of ownership may be exercised by minor that no agent shall have power to waive any condition imposed by the company; and that my acceptance of any policy issued on this application shall be a ratification of any correction in or addition to this application made in the space provided for Head Office Endorsements.

The Applicant, if other than the Proposed insured, otherwise the proposed Insured, shall be the Owner of any policy issued hereon,

Dated at.....this day.....of.....20.....

Agent or other Witness

Signature of Proposed Insured

Agent or other Witness of Signature of Applicant (Owner) If other than proposed Insured

IIP05035m

Received from..... who has applied to
AIICO INSURANCE PLC for insurance in the amount of
on the.....plan
 the sum of.....offered as a binding deposit on
 account of the first premium, in accordance with the conditions stated on the back hereof.

Dated at.....this.....day of.....20.....

Agent's name

Agent's code

Agent's Signature

Notice to Applicant: If the Insurance is issued, an official receipt signed by an Executive Officer of the Company and countersigned by an Agency Manager or Cashier will be given to you. This Binding receipt shall not be binding upon the Company for any payment by cheque or other form of remittance unless such remittance is promptly honoured on presentation for payment. If you do not hear from the Company regarding the proposed Insurance within ninety days, notify **AIICO INSURANCE PLC** at its Local Office or Head Office.



This receipt is to be completed and given to the applicant only When a binding deposit, aimed in accordance with the rules of the Company, has been paid with the application. Unless such payment is made this receipt must not be detached

This amount for which this receipt is given MUST appear in the application in answer to question No 15.

Names of two references to whom we may refer regarding this application

Name.....Occupation.....Address.....Tel:.....

Name.....Occupation.....Address.....Tel:.....

What premium has been quoted?
How Rated?

REG
.....
.....
.....
.....
TOTAL

**ADDITIONAL
INFORMATION
FOR
FEMALE
PROPOSED
INSURED**

1. Maiden name and previous name or names by marriage?
2. Is anyone dependent on her for support or maintenance?
3. With whom does she reside?
4. What are the ages of all children, if any?
5. To your knowledge, is she pregnant?
6. If married, what is husband's full name?
7. Is fiance or husband (whether or not I legally acknowledged), if any insured?
(a) What amount
(b) In what Companies?

AGENT'S CONFIDENTIAL REPORT	PROPOSED INSURED	APPLICANT IF OTHER THAN PROPOSED INSURED
1. How long have you known proposed Insured/ applicant?		
2. Is he/she self-supporting?		
3. By whom will premiums be paid?		
4. What do you estimate net-worth to be?		
5. What do you estimate annual income to be?		
6. Is he/she of good morals and honest in all dealings?		
7. What proof of age can be produced?		GIVE NAME, ADDRESS AND CITIZENSHIP OF APPLICANT IF OTHER THAN PROPOSED INSURED Proposed was examined on..... By Dr..... If Proposed insured not examined appointment has been made for..... With Dr.....
8. At whose suggestion did you solicit applicant?		
9. Is he/she perfectly temperate, and has he/she always been so?		
10. Have you ever heard of his/her (a) being ill? (b) consulting a physician? (if so, give details)		
11. Do you believe him/her to be in good health?		
12. If application is non-medical, did you personally ask all questions under Part II of application?		
13. Describe all occupational duties		

Additional Remarks and Details

Dated.....this.....day of.....20.....

Agent

Code No.

Agent

Code No.

I have carefully checked the answers given in the above Report and in Form IIP and C-3 with the Agent and I am satisfied that they present an accurate picture of the proposed insured and or applicant

Agency Manager



Authorized and Regulated by the National Insurance Commission. RIC No. 004

