

AiICO Plaza

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CHILDREN EDUCATION PLAN

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

Male Female

I apply for Insurance of ₦: on the life of:
 (Full name of the proposer)

Age of Child:.....

Beneficiary: Relationship of Child to the Payee:.....
 (Full name of child)

Children Education Plan Supplementary Contract (DPR) Disability Protection Rider with Income of 1% of face amount per month

Duration:.....Years

1.

A - QUESTIONS WITH RESPECT TO CHILD'S FAMILY						
If the parents are living				If parents are Deceased		
	Age	Face Amount	Company	Date	Age	Cause
Father						
Mother						

B - QUESTIONS WITH RESPECT TO CHILD			
2. Is child in good health?	Yes	No	<input type="checkbox"/>
If no, explain under Q 12			

- 3. Is child physically or mentally related? Yes No if 'yes' give details
- 4. Is child physically or mentally related? Yes No if 'yes' give details

C - QUESTIONS WITH RESPECT TO CHILD'S FAMILY

- 5. Full name of applicant Male Female
- 6. Date of birth:/...../..... Place:
- 7. Address:.....
- P.O. Box: Tel:
- Send correspondence to: Residence Office
- 9. Describe occupation:
- 10. Employer:
- 11. Have you ever suffered from:
 - (a) Heart attack, lungs, kidney, liver disease or any other abdominal organs?
 YES NO
 - (b) High blood pressure, diabetes, rheumatic fever tuberculosis, vervous disorder, syphilis, ulcer or tumour on any part of the body YES NO

- 12. If yes to any of these questions 11, 13, 14, 15,16, 17 give full details:

- 13. Do you intend to seek medical advice, treatment, or have any medical tests performed? YES NO
- 14. AIDS (Acquired Immune Deficiency Syndrome)
 Described in details any affirmative answer:
- (a) Have you received medical advice or treatment in connection with AIDS or an AIDS-related condition or a sexually transmitted disease?
 YES NO
- (b) Have you been told you have AIDS or AIDS - related complication?
 YES NO
- (c) Have you had or been told you had positive blood test Antibodies to AIDS virus?
 YES NO
- (d) Do you have any of the following which are unexplained: Fatigue, weight loss, diarrhea, enlarged lymph? YES NO

15. Are you presently deformed or ever had any physical deformity or serious accident?? YES NO
16. Have you within the past 5 years been advised to have any operation or been subjected to a special medical regime? YES NO
17. Do you have a Life Insurance Policy? YES NO
18. Name and Address of your Doctor:

19. Mode of payment? Monthly Semi Annually Annually

Note: All subsequent payments should be made with direct debit, bank draft, cheques, bank transfer in favour of AICO Insurance Plc. Or through POS machines. NO CASH payments will be accepted.

D - QUESTIONS WITH RESPECT TO CHILD'S FAMILY

20. (a) Are you pregnant now? YES NO
- (b) Have you ever had any disorder of menstruation, Pregnancy or of the female organs or breasts? 21. For Home Office endorsements only YES NO
21. For home office endorsement only.

22. Use this space for additional details or special request.

E – DECLARATION OF APPLICATION PAYOR

I hereby agree that there shall be no contract of insurance unless a policy is issued, delivered and signed by both contracting parties and the full first premium thereon actually paid during the lifetime and good health of the person or persons for whom insurance is hereby being applied. I hereby authorize any physician, clinic, insurance company or other organization, institution or person" that has any records or knowledge of me or my health, to give to **AICO Insurance Plc**, or its representative any and all information about me reference to my health and medical history and any hospitalization, advice, diagnosis. treatment, disease of ailment. A photographic copy of this authorization shall be as valid as the original.

Dated at.....thisday of

Agent:.....

Signature of Agent:

Signature of Applicant:

F- AGENTS CONFIDENTIAL REPORT

CHILD

1. Did you personally observe child proposed for insurance? YES NO
2. Did child appear healthy, physically and mentally sound? YES NO
3. Is child wholly supported by the applicant? YES NO
4. Do you suspect anything unfavourable in the child's manner or place of living, physical condition, Occupation, habits, personal or family history? YES NO

APPLICANT

1. How long and how well have you know the applicant?
2. What is your estimate of the applicant's net-worth?
3. Do you know anything about the applicant which can make the insurance undesirable? YES NO
4. Names, occupations and address of two references to whom we may refer regarding this application:
- (i)
- (ii).....
5. What is the purpose of this insurance?
6. By whom will premiums be paid?
7. Do you recommend issuance of policy? YES NO
- Standard () Substandard ()

REMARKS

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

Agent.....

2nd Agent

Agency Manager.....

