

(g) Is smoking or naked light/flame or cooking allowed in the premises? (if so give details)

(h) (i) Are all wastes and other refuse swept up and removed daily from the premises?  
please give details

(ii) Are all oily and greasy wipes and rags placed in metal containers and removed from the premises daily at close of work. Give details:-

(l) How long have you conducted business (a) in these above premises and (b) elsewhere?  
The full address of any former business must be given.

11. Do you wish to include any of the following perils? if so, please indicate which one(s) you require.

THE FOLLOWING EXTRANEOUS PERILS MAY BE INCLUDED IN THE POLICY SUBJECT TO AN ADDITIONAL PREMIUM AND PROVIDED THE RISK ARE NORMAL

LOSS OR DAMAGE DIRECTLY CAUSED BY :

AIRCRAFT	—	<input type="checkbox"/>
EXPLOSION	—	<input type="checkbox"/>
EARTHQUAKE	—	<input type="checkbox"/>
RIOT AND STRIKE	—	<input type="checkbox"/>
MALICIOUS DAMAGE (Note that Malicious damage (Cannot be insured without) (Riot and Strike Cover)	—	<input type="checkbox"/>
BUSH FIRE	—	<input type="checkbox"/>
TORNADO	—	<input type="checkbox"/>
FLOOD	—	<input type="checkbox"/>
BURST PIPES	—	<input type="checkbox"/>
IMPACT	—	<input type="checkbox"/>

PLEASE TICK BOX FOR EXTRA PERILS REQUIRED

IF A BLOCK PLAN OF THE PREMISES IS AVAILABLE, PLEASE ATTACH A COPY FOR OUR PERUSALAND RETURN, IF NECESSARY,

DECLARATION:

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 Company 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.

Dated: ..... Signature of Proposer .....

Agency .....

No Insurance is in force until the Proposal has been accepted by the Company and the Premium Paid



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## FIRE INSURANCE PROPOSAL FORM FOR PRIVATE/BUSINESS PREMISES

**NOTE: An Insurance Agent who assists an applicant to complete this application / proposal for Insurance shall be deemed to have done so as the agent of the applicant in accordance with section 54 (2) Insurance Act 2003.**

Name of Firm/Instistution.....

Operating Business Address .....

Town .....City.....State.....Country.....

Email .....Incorporation/Reg No.....State of Incorporation.....

Business or Occupation .....Task Identification Number.....

PERIOD OF INSURANCE FROM..... 20 ..... TO.....

Operating Business

Phone No:..... BVN No:..... Date Incorporated/Registered: .....

### PROPERTY TO BE INSURED

Please supply the following information respect of each building proposed for insurance

1. Full address (es) of premises Proposed for insurance	
2. Construction of ( a) Walls: ( Stone, Brick or Concret e Blocks) ----- ( b) Roofs: ( Tiles, Slates, Asbestos, Corrugated iron Sheets or hard decked roof ) ----- ( c) Floors: ( Marbles, Earth, Tiles Ceramics, Concrete or Terrazo)	
3. Number of Storeys ( note that a bungalow is regarded as one storey building)	
4. Age and condition of the building(s)	
5. Who is the Owner of the building? Who are the Occupants of the building?	
6. OCCUPATION OF PREMISES:- ( a) Method of Lighting ( and heating if any) ----- ( b) Is the whole building used for business purposes or private dwelling? please give details ----- ( c) Is any retail trade carried on? if yes, give details ----- ( d) What manufacturing processes or repair w or k (if any) are carried on within the premises?	

**Note: AiICO Insurance Plc does not accept cash payments to any agent/staff of the company and accepts no liability for such. All payments shall be made through designated payment channels in favour of AiICO Insurance Plc.**

<p>(e) What power is used? Electricity, Gas or any other source</p> <p>(f) What other trade or business is carried on by the other occupants (if any) of the premises</p> <p>(g) Are there any hazardous goods located out side the building(s) and within 10 metres thereof ? Please give detail s.</p>	
<b>7. DESCRIPTION OF ADJOINING OR ADJACENT BUILDING (IF ANY)</b>	
<p>(a) Construct ion of :-</p> <p>(i) Walls: stone, Brick or Concrete Block</p> <p>(ii) Roofs, Tiles, Slates, Asbestors, Corrugated Iron Sheets or hard Decked Roof.</p> <p>(iii) Floors, Marbles, Earth, Till Ceramics, Concrete or Terrazo</p> <p>(b) How are the buildings occupied?</p> <p>(c) What is the distance between adjacent buildings and the premises to be insured.</p> <p>(d) Are adjoining buildings cutoff f by bricks, stone or concrete walls, at least 225mm (9 ins) thick, w ithout openings, going up to and through the roof? if not , give details of Separation.</p>	
<b>8. FIRE FIGHTING EQUIPMENT:-</b>	
<p>( a) What fire fighting equipment is available on the premises</p> <p>( b) Are the fire fighting equipments in good efficient working order and well serviced regularly? Yes or No</p> <p>( c) Are Occupants or employees trained to use the appliances? Yes or No</p> <p>( d) What is the distance from the nearest Fir e Brigade station?</p> <p>( e) What water supplies are available at all times?</p>	

**NOTES:** THE SUMS INSURED BELOW ARE SUBJECT TO AVERAGE. THE 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 INTEREST, THAT YOU INSURE FOR FULL VALUE

9. SCHEDULE OF PROPERTY TO BE INSURED

DESCRIPTION	AMOUNT
AMOUNT TO BE INSURED WHICH SHOULD BE THE FULL REINSTATEMENT VALUE	= N
(a) On the building	
(b) Boundary and Compound walls, gates and fences	
(c) On office Furniture and equipment, Trade fixtures and Fittings therein	
(d) Household goods and personal effects of all descriptions.	
(e) On Machinery and Plant therein	
(f) On Stock and materials in Trade therein	
(g) On.....Month Rent	
(h) On items not specified above.	
<b>TOTAL N</b>	

Amount in words:-

10. GENERAL INFORMATION: If there is any fire Insurance in force on the same property, state:

(a) Name of insurer(s):-  
.....

(b) Amount of insurance(s)  
.....

© Are there other parties who have financial interest (interest) in any of the property to be insured? please give details:-  
.....

(d) Have you had a proposal or Renewal of Insurance declined, or a policy cancelled or Renewal invited at an increased rate? if so, State Name of Insurer and full details in each case:-  
.....

(e) Have you ever suffered loss by fire or other perils? if so, give details:-  
.....

(f) Do you:- (I) Take Stock monthly, quarterly, half yearly or annually?  
.....

(ii) Keep a proper set of account book?  
.....

(iii) Keep such books in a fire-proof safe or removed such book to another building when the above premises are closed?  
.....