Industrial and General Insurance Plc

Plot 741, Adeola Hopewell Street, V/Island, Lagos.
P.M.B. 80181, Victoria Island, Lagos.
Tel: +234-1- 6215010-4, Fax: +234-1-2621146
Website: www.iginigeria.com, E-mail: info@iginigeria.com

BOND INSURANCE PROPOSAL FORM (INDIVIDUAL)

IMPORTANT: Kindly complete this form carefully and fully, failure to disclose all facts likely to influence the acceptance and assessment of this proposal could affect settlement of claims or invalidate your policy. If you are aware of any fact likely to influence the proposal kindly disclose them in the space provided at the end of this proposal. If any answer has been written by any other person(s), such person(s) shall for that purpose be regarded as the agent of the proposal and the agent(s) Insurer.

PERSONAL DETAILS

PLEASE COMPLETE IN BLOCK LETTERS

Proposer: _____ _____ _____
Surname *Firstname* *Middlename*

Please specify Title Mr ☐ Mrs ☐ Miss ☐ Others _____ Sex: Male ☐ Female ☐

Marital Status: Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐

Date of Birth _____ (dd/mm/yyyy)

Occupation _____ Are you self employed? Yes ☐ No ☐

Resident Address: Line 1 _____
Line 2 _____
Line 3 _____ Town _____ State _____

Postal Address: (if different from above) Line 1 _____
Line 2 _____
Line 3 _____ Town _____ State _____

Telephone Nos. Home _____ Office _____

Mobile / GSM _____ Fax _____

Email _____ Website _____

Wedding Anniversary Date (if applicable) _____

Insurance Required (Dates) From _____ To _____

NEXT OF KIN / EMERGENCY CONTACT

Name _____ Relationship _____

Contact Address: Line 1 _____ Telephone _____
Line 2 _____
Line 3 _____ Town _____ State _____

Name of Contracting Company

Address

Telephone

Home/Office *Mobile* *Email*

Business/ profession

For whom is the contract being undertaken

Brief Description of work to be carried out:
A copy of the Contract, General Conditions and specification must be forwarded for perusal.

(a) Total Amount of Contract =N=

(B) Amount of any Subcontract work =N=

(c) Will bonds be required by you from sub-contractors? Yes

State amount of bond for: (a) Bid Bond =N=

(b) Performance Bond =N=

(c) Mobilization / Advance Payment Bond =N=

(a) Date work is to be commenced Date work is to be completed

How long has the Company been established?

What experience has the company had of this type of Contract?

(a) Has any Director or Partner ever been bankrupt or compounded with his Creditors?
Yes If yes, when?

(b) Is he now discharged? Yes No

(a) Has the Company ever experienced difficulty in completing a contract by the due dates?
Yes No If Yes, please, give details

Has any proposal been made to any other surety for the bond required in respect of this contract?
Yes No

If yes, (a) Give name of the surety

(b) With what results?

Has any proposal been made to any Surety in respect of other Contract? Yes No

If yes, (a) Give name of the Surety

(b) With what results?

State all contracts in hand in the table below:

Nature of Work	For whom being undertaken	Amount	Starting Date	Original Completion Date	Completion Date	Completed

State Principal Contracts completed over the past three years

For whom undertaken	Nature of work	Amount	Starting Date	Scheduled Completion	Actual Completion Date

State Contracts tendered for but not yet awarded

For whom undertaken	Nature of work	Amount	Period of Contract

Attach a complete list of equipment you own containing the following information:
Item, description, size, capacity, year etc. Condition, Year of Service.

Attach complete list of equipment you intend purchasing for this contract containing the following information:

(a) Give name and address of Company Bankers

(b) Overdraft facility granted =N= c) When?

(d) Present amount of overdraft =N=

(e) How is overdraft facility secured?

Give particulars of your Insurance as follows:

Class	Insurance Company	Annual Premium
Fire Loss of Profits Contractors All Risks Third Party Employees Liability Motor Engineering		

(a) Please attach last three Audited Balance Sheets and Profit and Loss Accounts.
(b) If Contractor is a subsidiary company, last three Audited Balance Sheets and Loss Accounts of Parent Company.

Statement of Financial position as at _____ 200_____

Liabilities	=N=		=N=
Sundry Creditors Reserves for Maintenance etc Borrowed shares of Bond Borrowed on Property Capital Authorized Issued Other liabilities (give details)		Investment etc at Market Value Appropriate Value of plant Materials in Stock Sundry debtors Work I progress Cash in bank Freehold and leasehold property Other Assets (give details)	
Total Liabilities		Total Assets	

	=N=	Assets	N

DECLARATION

I / We declare that to the best of my / our knowledge and believe, the information supplied in this proposal form is true and complete.
I / We understand that cover is not effective until acceptance of this proposal is confirmed and payment effected.

Signature of Proposer _____ Date _____

Accountant _____ Date _____

IMPORTANT NOTICE

Keep a record of all information supplied to us (including copies of letters) as part of this Proposal

A copy of the Completed Proposal form will be supplied on request.

A copy of the policy form is also available on request for verification prior to completion of the Contact.

No Insurance is in force until the proposal has been accepted by the Company and the Premium or Deposit paid except as provided by an official covering note issued by the Company.