

NIGERIAN AGRICULTURAL INSURANCE CORPORATION

NAIC HOUSE Plot 590, Zone A.O, Central Area, P.O. Box 3754,

Garki – Abuja



NAIC

PROPOSAL FOR FIDELITY GUARANTEE

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| <p>FIDELITY GUARANTEE APPLICATION'S FORM</p> <p>Every question must have a written answer. If a negative reply is intended put 'no or 'none'</p> | <p>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</p> |
| <p>APPLICANTS NAME (In full) _____</p> <p>Address (In full) _____</p> <p>Email Address _____ Tel./GSM No _____</p> | |
| <p>1. (a) Are you a Householder? (b) How long have you lived at you present residence? If less than twelve months please give your previous address (c) Is the furniture your own? (if so, state (i) Its estimated value (ii) Whether it is free from all liability</p> | <p>(a) _____ (b) _____ (c) (i)..... (ii) _____</p> |
| <p>2. Please state – (a) Age (b) Nationality (c) Whether single or married (d) Number of dependants</p> | <p>(a)..... Years (b) _____ (c) _____ (d) _____</p> |
| <p>3. Have you any property or are you entitled in reversion to any? If so, please state approximate value and the amount of any charges or mortgages in connection therewith</p> | |
| <p>4. (a) If you have any private liabilities or debts give particulars (b) Are you security or surety for any person?</p> | <p>(a) _____ (b) _____</p> |
| <p>5. Were you ever bankrupt or insolvent or have you ever arranged with your creditors? If so, state when and if now discharged</p> | |
| <p>6. Have any Court Judgments or Bills of Sale been registered against you? If so, particulars must be given</p> | |
| <p>7. Is your life assured? If so, state name of Company, amount of policy and whether any charge or assignment has been lodged against the policy</p> | |
| <p>8. Do you represent other firms? If so, please give their names and Address, and state if the Corporation may refer to them</p> | |
| <p>9. Have you made any previous applications for Guarantees? If so, give the names of Companies, dates of applications, amounts and results.</p> | |
| <p>10. Name, Address and Business of Employer for whom this Guarantee is required and the date of engagement</p> | <p>Name _____ Business _____ Address _____ Date of Engagement _____</p> |
| <p>11. Position or appointment for which this guarantee is required and amount of guarantee</p> | <p>N _____</p> |
| <p>12. Annual Salary, Commission and other income</p> | <p>Salary N _____ Commission N _____ Other income N _____</p> |
| <p>13. If you have a Bank Account please state Name and postal address or Bank and type of account i.e Current or Deposit</p> | |
| <p>14. Give details of your career during the past ten years mentioning all employers and if you hold any references from them please forward for perusal. If engaged in business on your own account state nature or business and where carried on. If unemployed during any part of the time please state how your income was derived.</p> | |

| From | | To | | Name and full address of employer (In Block letters) | Position occupied | Reason for leaving |
|-------|------|-------|------|--|-------------------|--------------------|
| Month | Year | Month | Year | | | |
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N.B. The period must be fully accounted for, (If in sufficient space continue on a separate sheet

15. Give the names of two householders (not relatives, Employer or former employer) who know you well to whom the Corporation may refer

| NAME | FULL ADDRESS | PROFESSION OR OCCUPATION |
|------|--------------|--------------------------|
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I HEREBY DECLARE that I have in the above replies stated the truth, without any reservation whatsoever, am aware that I am liable to indemnify the Nigerian Agricultural Insurance Corporation against any loss which it may sustain by reason of having granted the required guarantee.

Date:.....

Signature of Applicant.....

N.B. The Corporation reserves the right to decline any application or to impose special conditions for the Guarantee without giving any reason.