

NIGERIAN AGRICULTURAL INSURANCE CORPORATION

**NAIC HOUSE
Plot 590, Zone A.O, Central Area, P.O. Box 3754,
Garki – Abuja**



PRODUCTS AND PUBLIC LIABILITY INSURANCE PROPOSAL FORM

Head Office Address: -
PLOT 590, ZONE AO,
CENTRAL AREA
P.O. BOX 3754,
GARKI – ABUJA.

COVERAGE WILL NOT COMMENCE UNTIL NIGERIAN AGRICULTURAL INSURANCE ACCEPTS THIS PROPOSAL

PRODUCTS AND PUBLIC LIABILITY INSURANCE

➤ Proposer’s details

Proposer’ Name:
Legal Form: Sole proprietorship Partnership Cooperative Limited Liability Company
Company Limited by Guarantee Public Liability Company Government (MDAs)
Website

➤ General Information

Address, House No. Street Name:
.....
.....
.....
Tel. No:
Email Address:

➤ Sub-contractor’s details

Name:
Block/flat No: Floor No:..... Building Name.....
Street Name: LGA:.....
State: P. O. Box:.....
Mobile No: Landline:.....
Email 1 Email 2:.....
Occupation:

➤ Policy questions – Public Liability

- 1. Are any workers involved in manual works in connection with installation, erection, repair, maintenance, testing, demolition or construction outside insured’s premises? Yes No
- 2. Are any workers involved in works at great heights (over 30 feet above floor or ground level)? Yes No
- 3. Are any workers involved in works involving explosives, dangerous or toxic chemicals? Yes No
- 4. Are any workers involved in excavation works, work in manholes or tunnels of any similar activity? Yes No
- 5. Are any workers involved in using heavy industrial machines that involve cutting, pressing, grinding etc? Yes No
- 6. Are any workers involved in lifting or hoisting operations, especially in public areas? Yes No
- 7. Do you undertake any work away from your premises? Yes No
If ‘YES’, please give details:
- 8. Does your business create any trade waste? Yes No
If ‘YES’ please give details of waste and methods of disposal:.....
- 9. Are any workers required to work on board vessels? Yes No
If ‘YES’, what is the maximum no. of employees on board any vessel at any one time?.....

10. Will there be any diving & or related underwater activities pertaining to your business? Yes No
 Please provide details of any hazardous hoods that are stored at your premises:.....

11. Do you employ the services of contractors, sub-contractors? Yes No
 If 'YES', to any, are they required to carry their own Public/Product Liability Insurance? Yes No
12. Is there any insurance in force covering the same exposure for the same period of insurance being proposed? Yes No
 If 'YES', please state:
 i. Name of Insured:.....
 ii. Limit of Indemnity: N.....
13. Has any Insurance Company ever refused your Public/Product Liability Insurance proposal or refused to renew your Policy? Yes No
14. Has your insurance been cancelled solely or in part due to a breach of premium payment warranty in the last 12 months? Yes No

➤ Policy questions – Product Liability

*Attach any brochures or other related material(s) for each product

Product	Intended Used	Manufacture Turnover	Source country (if imported)

1. Do you manufacture, construct, erect, install, repair, service, treat, sell supply or distribute any products? Yes No
 Please provide details of quality control procedures in place:.....

2. Are your products subject to any Standards? Yes No
 If 'YES', please give details:.....

3. Are you or is your product required to be compliant with any other industry standard or regulation? Yes No
 If 'YES', please give details:.....

4. Have you suffered any of loss(es) in the past? Yes No

If 'YES' give details:

Year	Insurer	Claimant	Nature of Problem	Amount Paid/Outstanding (N)

➤ Declaration

I/We hereby declare that the statements made by me/us in this proposal form are true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and Nigerian Agricultural Insurance Corporation. If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

I/We authorize Nigerian Agricultural Insurance Corporation to share my/our contact information like name, company name, address, phone number and email etc. relating to me/us with their affiliate companies. NAIC can also use such information for communicating any promotional marketing offers including, product offerings, services rendered and other such via: SMS Telephone Email

Date..... 20.....

Proposer's Signature:.....

➤ For office use ONLY

Branch/Team MIS Code.....

Staff Agency Code:.....

Staff Code:.....

RM MIS Code:.....

Group MIS Code:.....

Rate:.....

Date:.....

Policy No:.....