

NIGERIAN AGRICULTURAL INSURANCE CORPORATION

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



PROFESSIONAL INDEMNITY PROPOSAL FORM (OTHER PROFESSIONALS)

“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”

AGENT:

BRANCH:

IMPORTANT

It is the responsibility of the proposer to ensure that the company is advised of all facts material to the proposal. Complete answers to all questions are therefore essential, ticks or dashes are not sufficient.

- (a) Proposer's Name in full
- (b) Address:
- (c) Email:.....GSM No:.....
- (d) Profession:
- (e) Which professional association do you belong to?
- (f) State rank (Fellow, Associate or Ordinary Member)
- (g) Give full names of each partner, stating qualifications and years as a practicing partner:
- (i)
- (ii)
- (iii)
2. Do you specialize in any particular aspect of the profession?
3. Do you own the outfit wholly or partly?
4. Have you previously held or still hold a professional indemnity policy?
- If so state name of insurer and period of cover the policy being replaced:
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- 5 (a) Do you use any specialized method orequipment?.....
- (b) If yes, please give details:.....
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6. Are you under contract to any commercial concern? (please give details):.....
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7. Annual Fees/Turnover:
- (a) Previous Year N.....
- (b) Estimated for the current year N.....
8. Give details of:
- (a) Any claims which have been made against you (or your partners)
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- (b) Any accident within your knowledge which may subsequently give rise to a claim:
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9. Has any application Deen:
- (a) Declined? YES [] NO []
- (b) Subject to special restrictions? YES [] NO []
- (c)i Subject to special increase? YES [] NO []
- ii If so, give details:
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- 10.(i) Have you recently discharged or are you contemplating discharging any of your staff for any omission, neglect, or the like?
- YES [] NO []
- (ii) If so give particulars:
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11. Is there any other information in your possession material to an estimate of the risk to be insured?
- YES [] NO [] of so give full details:
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12. Limit of indemnity required: N.....

DECLARATION

I/We hereby declare that the above statements and particulars are true, that I/We have not suppressed or misstated any material fact, that at the present time, I/We have no reason to anticipate any claim being brought against me/us for any negligent act, error or omission on my/Our part and agree that this declaration shall be the basis of the contract between me/us and the insurer. "No insurance is in force until the proposal has been accepted by the insurers and premium paid".

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

Proposer's Signature:.....