



AXA MANSARD INSURANCE PLC RC133276
 Santa Clara Court
 Plot 1412, Ahmadu Bello Way, P.M.B. Box 80015, Adeola
 Odeku, Victoria Island, Lagos

"AN INDIVIDUAL WHO ASSISTS AN APPLICANT TO COMPLETE THIS PROPOSAL FORM FOR INSURANCE SHALL BE DEEMED TO HAVE DONE SO AS THE AGENT OF THE APPLICANT"

All Risks Insurance Proposal Form

This policy covers loss or damage to the property insured arising from the dangers of fire, burglary, housebreaking, theft or misfortune or unforeseen circumstances (including loss from the person).

Basically, **All Risks** insurance covers each and every loss except for those specifically excluded. Some basic exclusion includes **damage** or **loss** due to: willful act of the insured, mechanical or electrical derangement or defect of the appliance or item, any accident or misfortune arising outside the Geographical Area.

Details of the Proposal

**Please fill or tick where applicable*

Name: _____

Contact Address _____

Telephone No(s) _____ Date of Birth _____
 E-mail _____ Website: _____
 Occupation: _____
 Means of Identification: _____ ID No: _____
 Period of Insurance: From: _____ To: _____

Risk Location(s): _____

 Activities carried on in the premises: _____

Are the valuables kept in secure safe(s) outside business hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there any security arrangement during the day and/or during the night?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will the premises be at any time unoccupied?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, for how long?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a burglar alarm installed in the premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is manufacturing of any kind carried on in any part of the above premises or adjoining buildings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Item No	Description of Property	Sum Insured (₦)
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AMIPLC/ CLM/ARCF/09/2016/V1.2

Please Note "No Cash Payment":
 Kindly ensure all payments are made directly into AXA Mansard's designated corporate account account(s). All cash payments **MUST** be made in person, as the company shall not be held liable for cash payments made to/through other parties apart from NAICOM licensed insurance brokers.

		Make/Model	Serial No.	

**please attach a separate list in this format if items do not contain this form.*

Have you any All risks, burglary, fire or householder insurance currently in force?

Yes No

If yes provide the following details:

Name of insurer	Period of insurance	Sum Insured (₺)	Premium (₺)

Have you ever suffered loss in these premises or elsewhere? Yes No

If yes give details

Year	Insurer	Nature of Problem	Claim Amount (₺)

Have you ever proposed for All Risk insurance and been declined or renewal refused or had a policy cancelled by an insurance office? Yes No

If yes, give details, including names and reasons. _____

Expected Premium: ₺ _____	Source of Funds: _____
Bankers: _____	

DECLARATION

I/We warranted that the above statements are true and complete and I/We agree that this proposal shall be the basis of the contract between me/us and the Company.

I/We agree to accept a policy in the Company's usual form for this class of insurance

Name: _____

Signature/Initials: _____ Date: _____

OFFICIAL USE ONLY

Broker/Agent/BA: _____

SBU/Hub/Spoke: _____

Client's Risk Category Accept Decline

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