

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"

Bailee Liability Insurance Prospectus

This insurance provides coverage for legal liability resulting from damage or destruction od loss of a bailor's (insured's clients) property while temporarily under the care or custody of a bailee (insured).

The coverage includes property that is on, or in transit to and from, the bailee's premises. Events and perils covered include fire, lightning, burglary, robbery, explosion, collision, flood, earthquake and damage or destruction in the course of transportation by a carrier. The insurance is in effect when the bailee issues a receipt to the bailor for the items.

Coverage excludes property belonging to the insured bailee.

Bailee Liability Insurance Proposal Form

*Please fill or tick where applicable					
Name:					
Contact Address					
Telephone No(s)	none No(s)Fax No				
E-mail Web	Website:				
Occupation:Customer	cupation:Customer Type (e.g. SME, Individual):				
State of Origin: Local Go	ate of Origin: Local Government:				
Period of Insurance: From:	riod of Insurance: From:To:				
Bank Account Number: Bank Name					
BVNNationality	Nationality Place of Birth				
Tax Identification Number Resident Permit (For Non Residents):					
Country of Dual Citizenship:	Foreign Mailing Address				
Estimated annual turnover (past 12 months)	4				
Estimated Gross Earnings for the next 12 months	N N				
Estimated average value of customers goods (past 12 months)	Ħ				
Values clothes/goods at various locations					
S/N Location (Address)	Limit Per Location (NGN)				

AMIPLC/P&C/BLPF/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.

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		ched schedule of additional local					
S/N	it of Indemnity per location (if different from the above) Location (Address) Val			Value F	Per Location (NGN)		
*Plea	se atta	ched schedule of additional loca	ation where n	ecessary			
Do ha	ave the	e following in your premises:					
а	Burg	Burglar Alarm			Yes	No	
b	Auto	omatic Sprinkler Service		Yes No		No	
С	Fire /	e Alarm			Yes No		
d	Wato	tchman/security			Yes No		
Detai	ls of ve	chicles used for carriage					
S/No		Reg. No		Make and Model		Year of Mfg.	
		cles owned or hired? Yes	No No				
		alue of goods/clothing's carried					
		ver proposed for bailee insurance elled by an insurance office? If so No					
If so,	give de	etails, including names and reas	ons				
Have Yes	you su	uffered any of loss(es) in the pas	st 5 years wh	ether or not	insured?		
If yes	give d	etails					
Υe	ear Nature of Problem			Amount (N)			
		ched additional sheet where ne					

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

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Name:	
Signature/Initials:	Date:
	OFFICIAL USE ONLY
Broker/Agent/BA:	
SBU/Hub/Spoke:	