



**AXA MANSARD INSURANCE PLC** RC133276

Santa Clara Court

Plot 1412, Ahmadu Bello Way, P.M.B. Box 80015, Adeola  
Odeku, Victoria Island, Lagos

**Oil & Gas Insurance Proposal Form**

FULL NAME OF PROPOSER/OPERATOR

CONTACT ADDRESS  
*\*Please fill or tick where applicable*

:

Telephone No(s) \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail \_\_\_\_\_ Website: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Customer Type (e.g. SME, Individual): \_\_\_\_\_  
State of Origin: \_\_\_\_\_ Local Government: \_\_\_\_\_  
Period of Insurance: From: \_\_\_\_\_ To: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_ Bank Name \_\_\_\_\_  
BVN \_\_\_\_\_ Nationality \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Tax Identification Number \_\_\_\_\_ Resident Permit (For Non Residents): \_\_\_\_\_  
Country of Dual Citizenship: \_\_\_\_\_ Foreign Mailing Address \_\_\_\_\_

Location of Well: \_\_\_\_\_

Duration of Drilling: \_\_\_\_\_

Details / Profile of Drilling Contractor: \_\_\_\_\_

AMIPLC/P&C/EP/09/2016/V1.2

Loss Experience of Drilling Contractor: \_\_\_\_\_

Please Note "No Cash Payment":

Kindly ensure all Details of Drilling Rig: \_\_\_\_\_ unt(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 broker

Anticipated commencement date (Spud Date): \_\_\_\_\_

Anticipated Well Pressure: \_\_\_\_\_

AMIPLC/P&C/EP/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.**

Anticipated Bottom Hole Temperature: \_\_\_\_\_

Authorization for Expenditure (AFE): \_\_\_\_\_

Limit of Liability: \_\_\_\_\_

Third Party Liability: \_\_\_\_\_

Schedule of Properties and their values(e.g. Drilling Rig, Well equipment e.t.c):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Information: \_\_\_\_\_

**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**

\_\_\_\_\_



**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:

\_\_\_\_\_

**PLEASE STATE THE CURRENCY YOU WISH TO INSURE IN (IF OTHER THAN NAIRA)**

Expected Premium: ₦ \_\_\_\_\_ Source of Funds: \_\_\_\_\_

Bankers: \_\_\_\_\_

SBU/Hub/Spoke: \_\_\_\_\_

Premium Rate: \_\_\_\_\_

Client's Risk Category

Accept

Decline

AMIPLC/P&C/EP/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, Signature/Initials: \_\_\_\_\_ Date: \_\_\_\_\_ ICOM licensed insurance brokers.

Signature/Initials:

Date:

OFFICIAL USE ONLY

Broker/Agent/BA:

AMIPLC/P&C/EP/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.**