

## (GROUP) PERSONAL ACCIDENT PROPOSAL FORM

### 1. PROPOSER'S DETAIL

Full Name of Proposer: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Telephone No(s): \_\_\_\_\_ RC No. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

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 \_\_\_\_\_

Means of Identification: \_\_\_\_\_ ID No: \_\_\_\_\_

How long have you been in operation: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Nature of Business or Occupation: \_\_\_\_\_

Period of Insurance: From: \_\_\_\_\_ To: \_\_\_\_\_

Does the above schedule include:	Yes	No
i. All persons in your service	<input type="checkbox"/>	<input type="checkbox"/>
ii. All your Sub-Contractors	<input type="checkbox"/>	<input type="checkbox"/>
If No, please provide list(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you any circular saws, or other machinery driven by steam, gas, electricity, or other mechanical power	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you involved in manufacture, filling, breaking down of gun-powder, nitro-glycerine or any other explosive or toxic material	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does all employees are acquainted with standard safety procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the insured provide heavy-duty work gloves for all employees performing rigorous manual labor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you engage in any hazardous sports that are likely to cause bodily injury	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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**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.

Are all machines equipped with emergency/caution signs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there any incidence of injury/ accident including death to workers/ employee for the last 3 years? Even though not reported to insurance company or there is no insurance.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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### 3. Particulars of the Insured Persons

Name(s)	Job Description	Annual Earnings(₦)	Benefits (₦)			
			Death	Permanent Disability	Temporary Disability	Medical Expenses

*\*Please attach schedule of staff with names, job description and annual earnings*

Do you currently have any Group Personal Accident Insurance in force? Yes            No

If yes provide name(s) of the Insurer(s): \_\_\_\_\_

Have you suffered any of loss(es) in the past: Yes        No   

If yes give details

Year	Insurer	No of Accidents	Total Compensation Paid(₦)

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

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

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## DECLARATION

I/We to the best interest of my/our knowledge hereby confirm that the statements contained in this proposal form are true and correct and I/We have not concealed, misrepresented or misstated any material fact. I/We agree that the statements and declaration contained in this proposal form shall be the contract of insurance with the company and are deemed to be incorporated in the contract.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Proposer**

### OFFICIAL USE ONLY

Client's Risk Category: \_\_\_\_\_

Broker/Agent/BA: \_\_\_\_\_

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

Accept  Decline

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