

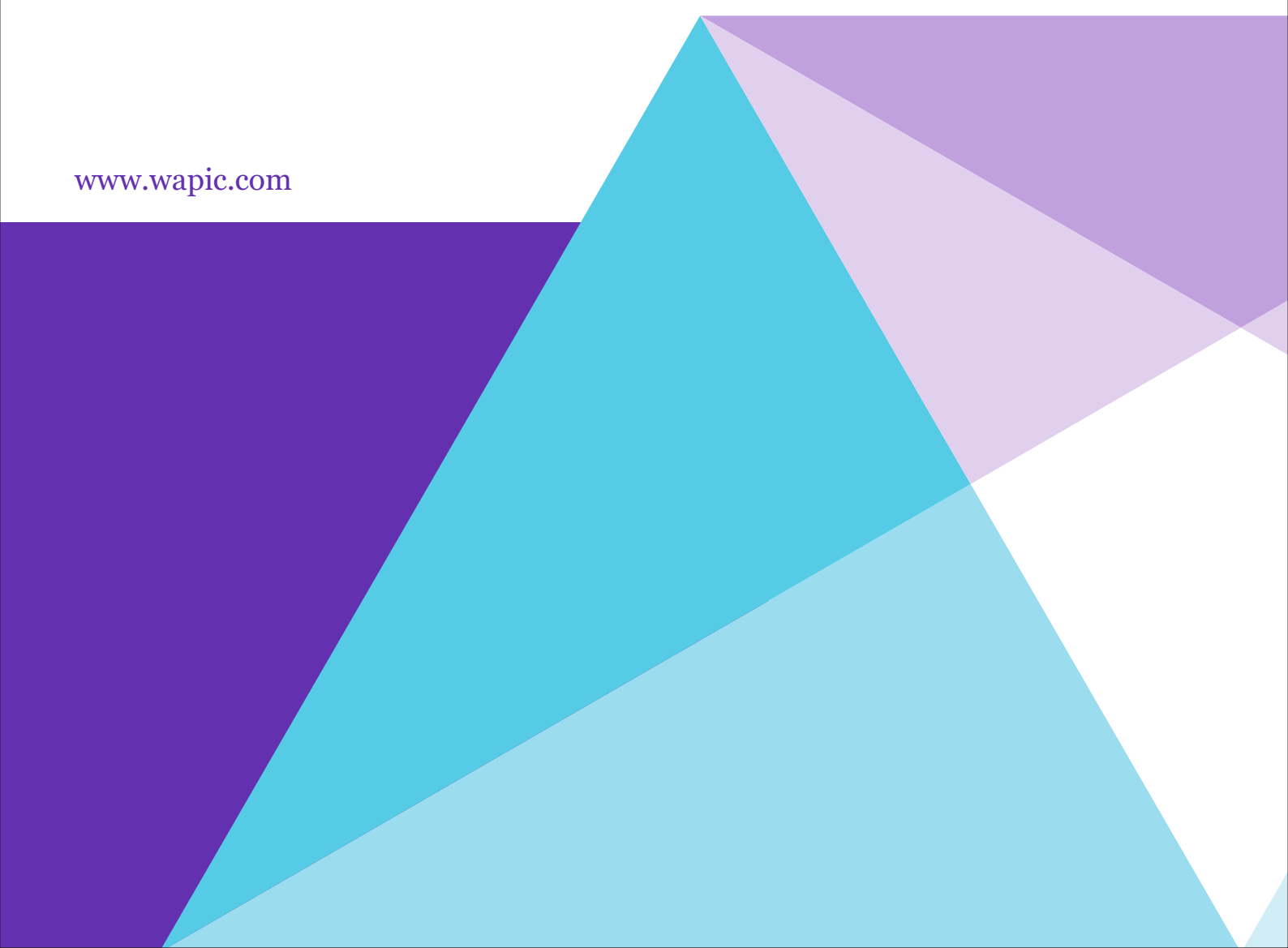
Risk Insured. Rest Assured



# Proposal Form

## Plant All Risk Insurance

[www.wapic.com](http://www.wapic.com)



## Guidelines

1

Please fill the form in BLOCK LETTERS and leave one blank box between two words. Note that all sections of the proposal form must be completed particularly the ones marked (\*) using ink. Do not sign any blank or partially completed proposal form.

2

Kindly provide copies of all basic requirements. These include:

- ▼ Broker's slip/Risk Details
- ▼ Evidence of payment/Credit note for Brokers
- ▼ KYC documentation (as stated on the inner back cover)

3

Please note that any individual who assists an applicant to complete this proposal form for insurance purposes shall be deemed to have done so as an agent of the applicant.

4

Kindly contact the Company's Office or Agent for any doubts or clarifications on the content of this proposal form.

### Note:

The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.

It is important that you provide full and detailed answers to all questions to ensure proper assessment of the risk. This will also ensure quote terms that are fair and reasonable to both parties.

Incorrect or non-disclosure of material information by you may impact on claims arising under this policy.

# Plant All Risk Insurance

Proposer's Name:

## ▼ Proposer's details

Legal Form:  Sole Proprietorship  Partnership  Cooperative  Limited Liability Company  
 Company Limited by Guarantee  Public Liability Company  Government (MDAs)

Website\*

## ▼ General information

Address\*  House no.  Street name

P. O. Box

Tel No.\*  Alt. Tel No.

Email\*

Business of Proposer\*:

## ▼ Policy questions

Policy to be issued in favour of (List out all the parties who have insurable interest. Use extra sheet, if required (including financial institutions)

Location of risk to be covered- Is address same as above?  Yes  No

If 'No', please provide details below (if there are multiple risk locations, use extra sheet)

Block Flat No\*  Floor No  Building Name\*

Street Name\*  LGA:

State:  Post Office

Period of Insurance: From  to

## ▼ Subject matter insurance

Type of Plant  Plant Name

Location of use  Use of the Plant

Registration Number  Manufacturer

Year Built  Engine Make/Model

Year Purchased  Engine Type  Engine Capacity  (H.P)

Date of last inspection survey

# Plant All Risk Insurance

Are the plants subject to a mortgage or other finance arrangement?  Yes  No

If 'Yes', please state

- 1. Company
- 2. Loan Term
- 3. Approximate Loan Amount
- 4. Approximate Loan Amount Outstanding

### The sum proposed for insurance (where it is more than a plant)

Please state the currency you wish to insure in (if other than Naira)

| S/N | Items | Value (N) |
|-----|-------|-----------|
| 1.  |       |           |
| 2.  |       |           |
| 3.  |       |           |
| 4.  |       |           |
| 5.  |       |           |
| 6.  |       |           |

You may use a separate list if you so wish

Do you presently have any Insurance in respect of the proposed Plant (s)  Yes  No

If 'Yes', give full details:

If 'Yes', what is the claims experience?

Expected Premium N  Source of Funds

Bankers

# Plant All Risk Insurance

## ▼ Declaration

I/We hereby declare that the statements made by me/us in this proposal form are true to the best of my/our knowledge and belief and I/we hereby agree that this declaration shall form the basis of the contract between me/us and Wapic Insurance Plc. If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

I/We authorize Wapic Insurance Plc to share my/our contact information like name, company name, address, phone number and email etc relating to me/us, with their affiliate companies. Wapic can also use such information for communicating any promotional marketing offers including, product offerings, services rendered and other such via:  SMS  Telephone  E-mail

Date: DD / MM / YYYY

Signature of Proposer

## ▼ For office use only

Branch/Team MIS Code  Staff Agency Code  Staff Code

RM MIS Code  Group MIS Code  Rate

Date: DD / MM / YYYY

Policy No:

**For Office Use Only**

This section is to be completed by the Account Officer in block letters. The Account Officer is to indicate if necessary KYC documents have been provided by checking the appropriate boxes below and attaching copies of documents obtained from the customer.

**▼ Proposer's details**

Proposer's Name:

RC Number  Date of Incorporation  /  /

Board Resolution  Memorandum and Articles of Association  Certificate of Registration/Incorporation  Directors' ID

**Directors' Information**

|               | Surname | First Name | Mobile Number | Email Address |
|---------------|---------|------------|---------------|---------------|
| Director - 1  |         |            |               |               |
| Director - 2  |         |            |               |               |
| Director - 3  |         |            |               |               |
| Director - 4  |         |            |               |               |
| Director - 5  |         |            |               |               |
| Director - 6  |         |            |               |               |
| Director - 7  |         |            |               |               |
| Director - 8  |         |            |               |               |
| Director - 9  |         |            |               |               |
| Director - 10 |         |            |               |               |

**▼ General AML/CFT requirement**

Visitation conducted?  Yes  No Visitation report completed?  Yes  No

Customer Due Diligence (CDD) conducted?  Yes  No Enhanced Due Diligence (EDD) required?  Yes  No

Is the customer's core business activity one of the defined high risk businesses?  Yes  No

The customer's business located in a high risk location?  Yes  No Is the customer a Politically Exposed Person (PEP)?  Yes  No

**▼ AML/CFT Risk classification**

High Risk  Medium Risk  Low Risk

Explain the basis for the AML/CFT risk classification

**▼ Visitation report**

Visitation date  /  /  Met with

Information gathered

Remarks

Account Officer's Name  Rel. Mgr. Name

Account Officer's Signature  Rel. Mgr. Signature

Date  /  /  Date  /  /

**▼ Technical unit's review**

Remarks

Name

Unit  Signature  Date  /  /

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