



**Prudent Choice Microinsurance Limited**  
6, Osifo Street, Behind UBA opposite Guinness Nig Plc, Ikpoba Hill, Benin City, Edo State.

## CASUALTY MITIGATION PLAN PROPOSAL FORM

### IMPORTANT INFORMATION:

**THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THIS APPLICATION IS ACCEPTED AND THE PREMIUM IS PAID IN ACCORDANCE WITH SECTION 50(1) OF INSURANCE ACT 2003.**

This policy covers the assured against accidental death, permanent disability and medical expenses as a result of accident. The policy may be extended to cover loss or damage to goods by accident while in transit on a limited basis.

Please use **CAPITALS**, insert **YES** or **NO** where appropriate and initial any amendments

### PROPOSER'S PERSONAL DETAIL

1. Title:  Mr  Mrs  Miss Others: \_\_\_\_\_  
Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Other Names: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Residential Town/City: \_\_\_\_\_ Local Government Area: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Marital Status:  Single  Married  Divorced  Separated  Widowed Gender: M  F   
Means Of Identification:  National ID  Driver's Licence  Int'l Passport  Voter's Card  
Others (Please Specify): \_\_\_\_\_  
Physical Condition of the Assured: \_\_\_\_\_
2. Benefits: (a) Death Benefit: \_\_\_\_\_ (b) Permanent Disability \_\_\_\_\_ (c) Medical Expenses \_\_\_\_\_  
Premium: \_\_\_\_\_ Policy Term: \_\_\_\_\_  
Frequency of payment:  Daily  Monthly  Quarterly  Bi-Annually  Annually  Single  
By what method will the Premium be paid?  Cheque  Direct Debit  Cash  Mobile Transfer
3. Extension: (i) Nature of goods: \_\_\_\_\_ (ii) Mode of transportation: \_\_\_\_\_
4. Beneficiary(ies) \_\_\_\_\_ Telephone No: \_\_\_\_\_

### DECLARATION:

I, \_\_\_\_\_ Hereby declare that the above facts and information are correct and true to the best of my knowledge as at today.

Assured's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Name of Officer: \_\_\_\_\_ Type of Cover: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please attach means of Identification)

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