

**LEADWAY ASSURANCE COMPANY**

**PROPOSAL FOR GROUP LIFE ASSURANCE**

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| **Scheme Information** | |
| **Data Field Name** | **Description** |
| 1. Company Full Name |  |
| 2. Company RC Number |  |
| 3. Company Full Address |  |
| 4. Subsidiaries covered (if any) |  |
| 5. Address of subsidiaries covered (if any) |  |
| 6. Contact person Name |  |
| 7. Contact person phone number |  |
| 8. Company’s email |  |
| 9. Industry/Sector |  |
| 10. Nature of Business |  |
| 11. Commencement Date of Assurance |  |
| 12. **Benefit Information** | **Amount** |
| Life | Multiple of Salary |
| Critical Illness (if applicable) | Multiple of Salary/Fixed Amount |
| Accidental Total & Permanent disability (if applicable) | Multiple of Salary/Fixed Amount |
| Total & Permanent disability (if applicable) | Multiple of Salary/Fixed Amount |
| Accidental Medical expense (if applicable) | Multiple of Salary/Fixed Amount |
| Funeral (if applicable) | Multiple of Salary/Fixed Amount |
| 13. Total number of employees eligible |  |
| 14. Total number of active employees at work |  |

Dear Valued Customer,

We want to appreciate your patronage and support thus far and reaffirm our commitment to providing you with the best insurance and investment services that will continue to add value to your business.

We are under statutory and regulatory obligation to update our customers’ details and it will be necessary that the form below is completed as you give us your policy inception/renewal instructions.

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| **CORPORATE INFORMATION** |  | |
| Company’s Tax No.: |  | Company’s Phone No.: |
| Company’s Bank: |  | Account No.: |
| Bank Branch: |  | BVN: |
| **DIRECTOR’S INFORMATION** |  | |
| Title: | Gender: | |
| Surname: | Other Names: | |
| Nationality: | D.O.B: | |
| Occupation: | Tax No.: | |
| Phone No.: | E-mail: | |
| Address: |  | |
| Identification Type:  Issue Date:  Issue Authority: | I.D No.:  Expiry Date:  Issuing Country: | |
| Source of Income: |  | |
| Directors Signatory: |  | |

**N.B:**

**Two Directors are required to fill a form each.**

**Declaration:** We declare that the answers to the above questions are true and complete. We agree that this proposal and rules governing the scheme shall be the basis of the contract between us and **Leadway Assurance Company Limited.**

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| **.............................................................**  **Signed** | **................................................................**  **Official Stamp** |

**.................................................................**

**Date**

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| FOR OFFICIAL USE ONLY  SUB RELATIONSHIP OFFICER……..……………………..…  RELATIONSHIP OFFICER………………………….  BROKER……………………………………………………  BROKERS’ CODE ………………………………………………. |