

- (d) Duration
- (e) Is extra Benefit for Death by Accident to be covered? Yes or No. Amount ₦
- (f) If Family income Benefits are to be covered, state ₦ per annum for balance of years.
- (g) How will premium be payable? Annually/ Half-Yearly/ Quarterly/Monthly by Direct Debit (delete whichever is inapplicable).

3. Have you any intention or expectation:

- (a) of becoming a member of any naval or military service or a seafaring person?.....
- (b) Of engaging in aviation (other than as a fare paying passenger on a regular route)?
.....
if so, give particulars.....
- © of engaging in any racing competition or in hazardous pursuits?
- (d) of residing outside Nigeria/.....
if so, give details

4. Has any proposal on your life been made at any time to this or any other insurance Company? Yes/No if yes, state in each case.

- (i) Name of insurance Company
- (ii) Date of Proposal
- (iii) Sum assured proposed
- (iv) Whether accepted or postponed or declined
If ACCEPTED, whether at ORDINARY terms or SPECIAL terms.
- (v) POLICY number(s)

5. ADDITIONAL QUESTIONS TO BE ANSWERED BY MARRIED, WIDOWED OR DIVORCED WOMEN

- (a) Husband's full name
- His age?

- (b) Are you living with your husband?
- © Is he in good health?
- (d) Is he insured? Yes/No (i) For how much
- (ii) Names of companies and amount insured

6.

Family History	IF LIVING		IF DEAD		
	Age	Present State of Health	Age At Death	Year of Death	Cause of Death
Father					
Mother					
No. of Brothers					
No. of Sisters					

Has any relative (including husband and wife) ever suffered, or is now suffering from.

- (a) Tuberculosis
- (b) Insanity
- © Epilepsy
- (d) Diabetes
- (e) Heart Disease

7.

Names and addresses of all doctors and hospitals you consulted within the last five years		
Names and addresses of Doctors or Hospitals	Reasons for consultation	Date And Treatment

8. (a) What is your Height? Weight?
- (b) Has your weight varied recently? YES/NO. If yes, please give reason ...
.....
- © Have you had any bodily deformity or infirmity (for example, Rupture, Varicose veins)? if yes, please give full details.
.....
- (d) Have you had your blood pressure recently recorded? If so, what were the readings?
- (e) What is your Consumption of:
- (i) Cigarettes
- (ii) Narcotics
- (iii) Alcohol What type?
- (iv)

9. Have you ever had or been told you had:	Yes or No	Nature of illness	Date	Name and address of doctor and result
(a) Giddiness, fits, paralysis, Stroke or any form of Nervous or mental trouble?				
(b) Deafness or discharge from either ear?				
© Pneumonia, pleurisy, asthma, bronchitis, tuberculosis, persistent cough, blood spitting or any other disorder of the respiratory organs?				
(c) Any infection of the heart, chest pain, coronary artery disease, high blood pressure,				

10. Do you know of any other factor, circumstance or information affecting your eligibility for assurance which ought to be stated?

.....
.....

11. Amount of deposit made with this proposal and in what form?

.....

NOTE: This Deposit will serve as part of your proposal is accepted otherwise it will be refunded.

12. REMARKS

13. IF THE PROPOSER IS OTHER THAN THE LIFE PROPOSED, PLEASE ANSWER:

Name in full of the person to whom the policy is to be granted (Block letters and putting Surname last)

.....

Address

Occupation/Profession

Relationship to the Proposed Life Assured

Nature of the insurable interest

I, the person to whom the policy is to be granted declare that I know nothing involving the health or the habit of the life to be assured that might cause the life to be ineligible for assurance. I agree that this declaration and the statements made by the life to be assured in this proposal and to NICON or its medical examiner in connection with this proposal shall be the basis of the

contract of assurance and I request the company to issue the policy in my name.

.....
Signature of person to whom the policy is to be granted

Date:

14. I the life to be assured do hereby declare that all the foregoing answers are true and I have not concealed or withheld anything with which the directors of Nikon ins. Corp ought to be made acquainted in order to assess my eligibility for assurance. To the best of my knowledge and belief I usually enjoy and I am now in good health, and of sober and temperate habits.

I agree that these and other statements I have made or shall make to the corporation or to its medical examiner in connection with this or previous proposals and any other requirements in furtherance of this proposal as may be deemed necessary by the corporation shall be the basis of the contract of this assurance, The only evidence of a contract of life assurance will be the policy document or the "Acceptance Letter" issued by the company.

I irrevocably authorize and request any doctor or other person who may be in possession of, or hereafter acquire, any information concerning my health to disclose such information to the company, and I hereby waive all provisions of law forbidding the disclosure of any such knowledge or information.

Witness

Occupation

.....
Signature of person whose
life is to assured

Address

.....
.....

Date: