



NIGERIAN CONTENT DEVELOPMENT AND MONITORING BOARD

INSURANCE SERVICES REPORT (PART 1/3): SERVICES UTILISED IN THE PAST SIX (6) MONTHS

NAME OF COMPANY _____ DATE _____

SIX MONTHS ENDED _____ 20__

TOTAL INSURANCE EXPENSE: ₦ _____ \$ _____

SUMMARY SHEET

S/N	DESCRIPTION	INSURANCE COMPANIES UTILISED (COUNT)		INSURANCE BROKERS UTILISED (COUNT)		INSURANCE PREMIUM PAID				NIGERIAN CONTENT %	REMARKS
		NIGERIA	FOREIGN	NIGERIA	FOREIGN	NIGERIA		FOREIGN			
	TYPE OF INSURANCE SERVICE					USD (\$)	NGN (₦)	USD (\$)	NGN (₦)		
1	LIFE INSURANCE SERVICES										
2	PENSION FUNDING SERVICES										
3	NON-LIFE INSURANCE SERVICES										
4	INSURANCE BROKING SERVICES										
5	OTHERS										
TOTAL											

1. LIFE INSURANCE SERVICES (ATTACH LIST OF BENEFICIARIES)

TOTAL NUMBER OF EMPLOYEES _____ TOTAL ANNUAL EMOLUMENTS: N _____ \$ _____

S/N	INSURANCE COMPANY			PREMIUM PAID		BROKER	
	NAME	ADDRESS	CLASSIFICATION (LOCAL/FOREIGN)	NAIRA	USD	NAME	ADDRESS
1							
2							
3							
4							
5							
6							
Totals							

2. PENSION FUND SERVICES (ATTACH LIST OF BENEFICIARIES)

S/N	FUND ADMINISTRATOR			CONTRIBUTIONS MADE		BROKER	
	NAME	ADDRESS	CLASSIFICATION (LOCAL/FOREIGN)	NAIRA	USD	NAME	FEE PAID
1							
2							
3							
4							
5							
6							
Totals							

3. NON-LIFE INSURANCE SERVICES (COMPLETE LIST OF ASSETS FOR EACH INSURANCE COMPANY)

S/N	INSURANCE COMPANY			SUM ASSURED		PREMIUM PAID		BROKER		
	NAME	ADDRESS	CLASSIFICATION (LOCAL/FOREIGN)	NAIRA	USD	NAIRA	USD	NAME	FEE PAID	
									N	\$
1										
2										
3										
4										
5										
6										
Totals										

LIST OF ASSETS* **NAME OF INSURANCE COMPANY** _____

S/N	BASIC INFORMATION			SUM ASSURED		PREMIUM PAID		INSURANCE BROKER		
	DESCRIPTION OF ASSET	VALUE	TYPE OF POLICY	NAIRA	USD	NAIRA	USD	NAME	FEE PAID	
									NAIRA	USD
1										
2										
3										
4										
5										
6										
Totals										

**Attach copies of Nigerian Content Equipment Certificate (NCEC) where applicable*

4. OTHER SERVICES

S/N	BASIC INFORMATION				SUM ASSURED		PREMIUM PAID		INSURANCE BROKER		
	DESCRIPTION OF SERVICE	NAME OF INSURANCE COMPANY	ADDRESS	TYPE OF POLICY	NAIRA	USD	NAIRA	USD	NAME	FEE PAID	
										NAIRA	USD
1											
2											
3											
4											
5											
6											
Totals											



NIGERIAN CONTENT DEVELOPMENT AND MONITORING BOARD

INSURANCE SERVICES REPORT (PART 2/3): FORECAST OF INSURANCE SERVICES REQUIRED DURING THE NEXT SIX MONTHS

NAME OF COMPANY _____ **DATE** _____

SIX MONTHS ENDING _____ **20**____

TOTAL INSURANCE EXPENSE PROJECTED: ₦ _____ **\$** _____

SUMMARY SHEET

S/N	DESCRIPTION	INSURANCE COMPANIES UTILISED (COUNT)		INSURANCE BROKERS UTILISED (COUNT)		INSURANCE PREMIUM PAYABLE				NIGERIAN CONTENT %	REMARKS
		NIGERIA	FOREIGN	NIGERIA	FOREIGN	NIGERIA		FOREIGN			
	TYPE OF INSURANCE SERVICE					USD (\$)	NGN (₦)	USD (\$)	NGN (₦)		
1	LIFE INSURANCE SERVICES										
2	PENSION FUNDING SERVICES										
3	NON-LIFE INSURANCE SERVICES										
4	INSURANCE BROKING SERVICES										
5	OTHERS										
TOTAL											

1. LIFE INSURANCE SERVICES (ATTACH LIST OF INTENDED BENEFICIARIES)

TOTAL NUMBER OF EMPLOYEES _____ TOTAL ANNUAL EMOLUMENTS: N _____ \$ _____

S/N	INSURANCE COMPANY			PREMIUM PAYABLE		BROKER	
	NAME	ADDRESS	CLASSIFICATION (LOCAL/FOREIGN)	NAIRA	USD	NAME	ADDRESS
1							
2							
3							
4							
5							
6							
Totals							

2. PENSION FUND SERVICES (ATTACH LIST OF INTENDED BENEFICIARIES)

S/N	FUND ADMINISTRATOR			CONTRIBUTIONS PAYABLE		BROKER	
	NAME	ADDRESS	CLASSIFICATION (LOCAL/FOREIGN)	NAIRA	USD	NAME	ADDRESS
1							
2							
3							
4							
5							
6							
Totals							

3. NON-LIFE INSURANCE SERVICES (COMPLETE LIST OF ASSETS FOR EACH INSURANCE COMPANY)

S/N	INSURANCE COMPANY			SUM ASSURED		PREMIUM PAYABLE		BROKER	
	NAME	ADDRESS	CLASSIFICATION (LOCAL/FOREIGN)	NAIRA	USD	NAIRA	USD	NAME	ADDRESS
1									
2									
3									
4									
5									
6									
Totals									

LIST OF ASSETS* NAME OF INSURANCE COMPANY _____

S/N	BASIC INFORMATION			SUM ASSURED		PREMIUM PAYABLE		INSURANCE BROKER		
	DESCRIPTION OF ASSET	VALUE	TYPE OF POLICY	NAIRA	USD	NAIRA	USD	NAME	FEE PAID	
									NAIRA	USD
1										
2										
3										
4										
5										
6										
Totals										

***Attach copies of Nigerian Content Equipment Certificate (NCEC) where applicable**

4. OTHER SERVICES

S/N	BASIC INFORMATION				SUM ASSURED		PREMIUM PAYABLE		INSURANCE BROKER	
	DESCRIPTION OF SERVICE	NAME OF INSURANCE COMPANY	ADDRESS	TYPE OF POLICY	NAIRA	USD	NAIRA	USD	NAME	ADDRESS
1										
2										
3										
4										
5										
6										
Totals										



NIGERIAN CONTENT DEVELOPMENT AND MONITORING BOARD

INSURANCE SERVICES REPORT: PART 3/3

ANNUAL INSURANCE PREMIUM BUDGET FOR THE PAST ONE YEAR

NAME OF COMPANY _____ DATE _____

INSURANCE SERVICES BUDGET FOR ONE YEAR ENDED _____

TOTAL INSURANCE EXPENSE PROJECTED: ₦ _____ \$ _____

SUMMARY SHEET

S/N	DESCRIPTION	INSURANCE COMPANIES UTILISED (COUNT)		INSURANCE BROKERS UTILISED (COUNT)		INSURANCE PREMIUM PAYABLE				NIGERIAN CONTENT %	REMARKS
		NIGERIA	FOREIGN	NIGERIA	FOREIGN	NIGERIA		FOREIGN			
	TYPE OF INSURANCE SERVICE					USD (\$)	NGN (₦)	USD (\$)	NGN (₦)		
1	LIFE INSURANCE SERVICES										
2	PENSION FUNDING SERVICES										
3	NON-LIFE INSURANCE SERVICES										
4	INSURANCE BROKING SERVICES										
5	OTHERS										
TOTAL											

1. LIFE INSURANCE SERVICES (ATTACH LIST OF INTENDED BENEFICIARIES)

TOTAL NUMBER OF EMPLOYEES _____ TOTAL ANNUAL EMOLUMENTS: N _____ \$ _____

S/N	INSURANCE COMPANY			PREMIUM PAYABLE		BROKER	
	NAME	ADDRESS	CLASSIFICATION (LOCAL/FOREIGN)	NAIRA	USD	NAME	ADDRESS
1							
2							
3							
4							
5							
6							
Totals							

2. PENSION FUND SERVICES (ATTACH LIST OF INTENDED BENEFICIARIES)

S/N	FUND ADMINISTRATOR			PREMIUM PAYABLE		BROKER	
	NAME	ADDRESS	CLASSIFICATION (LOCAL/FOREIGN)	NAIRA	USD	NAME	ADDRESS
1							
2							
3							
4							
5							
6							
Totals							

3. NON-LIFE INSURANCE SERVICES (COMPLETE LIST OF ASSETS FOR EACH INSURANCE COMPANY)

S/N	INSURANCE COMPANY			SUM ASSURED		PREMIUM PAYABLE		BROKER	
	NAME	ADDRESS	CLASSIFICATION (LOCAL/FOREIGN)	NAIRA	USD	NAIRA	USD	NAME	ADDRESS
1									
2									
3									
4									
5									
6									
Totals									

LIST OF ASSETS* **NAME OF INSURANCE COMPANY** _____

S/N	BASIC INFORMATION			SUM ASSURED		PREMIUM PAID		INSURANCE BROKER		
	DESCRIPTION OF ASSET	VALUE	TYPE OF POLICY	NAIRA	USD	NAIRA	USD	NAME	FEE PAID	
									NAIRA	USD
1										
2										
3										
4										
5										
6										
Totals										

***Attach copies of Nigerian Content Equipment Certificate (NCEC) where applicable**

4. OTHER SERVICES

S/N	BASIC INFORMATION				SUM ASSURED		PREMIUM PAYABLE		INSURANCE BROKER	
	DESCRIPTION OF SERVICE	NAME OF INSURANCE COMPANY	ADDRESS	TYPE OF POLICY	NAIRA	USD	NAIRA	USD	NAME	ADDRESS
1										
2										
3										
4										
5										
6										
Totals										

DECLARATION

I, _____ hereby solemnly declare that:

- All the information provided in this report and on the annexures is correct in all manners and respects
- And I am duly authorized by the Management/ Board to submit this report on behalf of _____ *(Name of Company)*
- Nigerian Content Development and Monitoring Board is authorised to independently verify and authenticate all/any of the information provided herein from relevant third party (or parties) as the board may deem fit.

NAME	
DESIGNATION	
SIGNATURE	
DATE	