



STATEWIDE INSURANCE COMPANY LIMITED

Incorporated in Uganda

P.O. Box 9393, Tel: 233120/234178 KAMPALA

PROPOSAL FOR INSURANCE AGAINST "ALL RISKS"

Agency:

Policy No.

1. Name of Proposer (in full) (a) Profession or Occupation: (b) Address of usual residence:	
2. (a) State whether the above is a Private house, Flat, Hotel Apartment or Lodging House. (d) How long have you resided there? (c) Is it in your sole occupation? (d) Are the premises left unoccupied? If so, state approximately for how long and how often.	(a) (b) (c) (d)
3. Are you at present insured for any risk now proposed to be insured? If so, give name of Company.	
4. Does the property to be insured represent the whole of your property of the kind?	
5. (a) Has your jewellery and ornaments been recently examined by jeweller? (b) If so, state name and address of jeweller. (c) Date when he last examined it. (d) Will the setting and fastenings of all jewellery and ornaments to be insured be overhauled at least once a year by a Competent jeweller? (e) Please state how the values have been ascertained.	(a) (b) Name: Address: (c) (d) (e)
6. (a) State what precautions taken to safeguard the property when not in use. (b) Will it be secured in a locked safe?	(a) (b)
7. State particulars and date of: (a) any loss you may have suffered. (b) Any resulting claim you may have made in respect of fire, Burglary, Housebreaking, Larceny or Accidental Loss. (c) What precautions have been taken to prevent a recurrence?	(a) (b) (c)
8. Has any office in respect of fire, Theft, "All risks" or any similar Insurance (a) Declined your proposal? (b) Cancelled or refused to renew your Policy? (c) Required an increased premium or special conditions?	(a) (b) (c)
9. Have you any other insurance with this Company? If so, state current Policy Nos.	
10. If cover is required beyond the limits of Uganda, state name/s of country/ies and duration of journey.	
11. State period of Insurance required.	From: To:

