



SWICO

STATEWIDE INSURANCE COMPANY

SURE HOUSE
 PLOT 1 BOMBO ROAD
 P.O. Box 9393 Kampala, Uganda.
 Telephone: 0414-345996, 0312-262119,
 Fax:0414-343403
 Email: swico@infocom.co.ug

(INCORPORATED IN UGANDA)

PROPOSAL FOR PROFESSIONAL INDEMNITY INSURANCE

(Please write in Block Letters)

1. Name of the firm
2. Address of the firmTel: No:
3. Trade or Profession
4. Full names of all Partners and their qualifications and how long has each Partner practiced as a Principal

Name	Qualification	Experience
a.....
b.....
c.....
d.....
e.....
f.....
g.....

5. Total number of staff (a) Senior Staff
- (b) Personal Secretaries
- (c) other Staff:
6. Have any claims been made against your firm in the past.....
7. If so give full particulars
8. Have any Claims been made against any of the partners.....
9. If so give particulars.....
10. Has any application for Insurance made by you or your predecessors in business ever been declined?
11. If so state reasons
- 12.Amount of Indemnity required
13. Do you undertake to act as Liquidators, Receivers or Trustees in bankruptcy?

I/We desire to effect an Insurance in the terms of the Policy to be issued by your Company. I/We hereby declare that the statements and particulars given by me/us above, which I/We have read over, correct, and that no material fact has been misrepresented or misstated, and I am/We are not aware of circumstances likely to affect the risk. I/We agree that the statements in the Proposal shall form the basis of the contract between the company and myself/ourselves, and if the risk is accepted I/We undertake to pay the premium when called upon to do so.

Date Signature of Proposer

The liability of the Company dose not commence until the proposal has been accepted and first premium paid.



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CONTRACTORS BOND PROPOSAL FORM

- 1 (a) Full title of Contractor
- (b) Address
- (c) Location:Plot No. Street/Rd.....Town.....District.....
- (d) Telephone No.
- (e) Email
- (f) How long established
- (g) Names of all Partners and Directors Address Telephone

(i).....	.....	.....
(ii).....	.....	.....
(iii).....	.....	.....
(iv).....	.....	.....
(v).....	.....	.....
2. For whom is Contract to be undertaken Address
3. Architect or Engineer in Charge of Contract
4. Nature of Contract
 A Copy of the Contract Agreement and Conditions, Specifications and Bills of Quantity should be supplied.
5. (a) Total amount of Contract Shs.
 (b) Period of Maintenance
6. State Value of work to be sub contracted Nominated Shs
7. Amount of Bond Shs. All Others Shs.
 - (a) Date of submission of the bid
 - (b) Bid validity period
 - (c) Date work is to be commenced
 - (d) Date work is to be completed
 - (e) Date of Signing the Contract
 - (f) Period of Maintenance

8. Penalty for non-completion
- (a) Percentage of Retention
- (b) Limit of Retention Fund
9. Have you ever
- (a) Defaulted on a Contract?
- (b) Experienced difficulty in completing a contract by the due date?
- If so, give details
10. Has any of your Partner(s) or director(s) ever been bankrupt or made any arrangement with creditors or has there ever been a petition for bankruptcy or winding up against you or any of them?
11. How many years of practical experience have you of this particular kind of contract?
12. State particulars of insurance in respect of Name of Insurer
- (a) Worker's Compensation Annual wage Roll Shs
- (b) Public Liability Indemnity Limit Shs.
13. State Principal contracts in hand: -
- | Nature of work | Completion Date | Amount at Present paid | For whom Undertaken |
|----------------|-----------------|------------------------|---------------------|
|----------------|-----------------|------------------------|---------------------|
14. State Principal contracts completed:- For whom undertaken
15. Have you applied to any other insurer or person to act as your surety?
- (a) in connection with this contract?
- (b) in connection with any other Contract?
- If so, to whom and with what result? Give details
16. Has any claim been made upon any of your sureties under a contract Guarantee? If so, give full particulars.
17. Name and address of an Architect or Engineer (other than in charge of this contract) for whom you have carried out contracts, your Bankers and a Merchant from you usually obtain materials:

Name

Address

Architect of Engineer
Banker
Merchant

this statement, a copy of last Audited Balance Sheet and Trading Account should be supplied)

LIABILITIES: shs

ASSETS: Shs.

Capital: Authorised

 Issued

Freehold and lease

Property:

Reserves

Sundry Creditors

Bank loan oreverdraft

Investments, etc. At market value

Loans other than Directors loans

approximate value of plant and motor vehicle

Mortgage

Materials in stock

Hire purchases commitments

Sundry debtors

Other Liabilities (give particulars)

Work in progress less payments

to receive on accounts

other assets (give particulars).

TOTAL LIABILITIES

TOTAL ASSETS

N.B If a bank overdraft is disclosed in the statement of Liabilities, please state the maximum facilities available and how secured.

DECLARATION

I/We hereby declare that the Statements and Particulars made in this Proposal are full and true and that I/We have not concealed any material fact or circumstance that ought to be communicated to the insurer that may have effect on this Bond/Guarantee.

Date:..... Signature.....

This form must be accompanied by (a) Agreement and Conditions (b) Specification
(c) Contractor's last Audited balance sheet and Trading Account, and (d) Comprehensive Company Profile



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CUSTOMS BOND PROPOSAL FORM

1. Full title of Principal:
Address Postal
Physical
Telephone

2 How long established

Name of Directors, their address and Telephone contacts:

- (i)
- (ii)
- (iii)
- (iv)
- (v)

3. Nature of Customs Bond e.g. CBI, CB2, CB3, CB4, etc.....
Station:.....
Warehouse Number.....

4. Amount of the Bond: Shs.

5. Have you ever applied to any other Insurer in respect of customs bond?.....
If yes give details of Insurer and Nature of Bond.
.....
.....
.....
.....
.....

6. Have you any outstanding/uncleared dues with Uganda Revenue Authority?

7. Details of Technical Staff

- (a)
- (b)
- (c)
- (d)
- (e)
- (F)

8. Give a list of the Assets of the Company

9. Please attach the following documents to this proposal Form

- (a) Copy of Certificate of incorporation/ Registration
- (b) Copy of Operating Licence from Uganda Revenue Authority
- (c) Copy of Memorandum and Articles of Association
- (d) Copy of Last Audited Accounts

DECLARATION

We hereby declared that the statements, documents attached and particulars made by us in this Proposal form are full and true to the best of our knowledge and belief and that we have not concealed any material fact circumstance that ought to be communicated to the Insurer. We further agree that this Proposal Form shall form the basis of the Bond between the Company and ourselves.

Date..... Name:.....
 Signature.....
 Title.....
 Company Stamp/or Seal.....

FOR OFFICE USE ONLY

Comments and Approval of Authorising Manager:

- (I) Premium Rate :
- (Ii) Mode of Payment :
- (Iii) Security offered :
- (Iv) Any other comment :

Manager's Signature Date.....



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AGENCY.....

PROPOSAL NO.....

PROPOSAL FOR BURGLARY INSURANCE

All questions and subsections must be fully answered
 Dashes or ticks are insufficient.

THE PROPOSER

Names:

Tel No:

Address:

Email:

Business or Occupation:

Period of Insurance: From20 to.....20 (both dates inclusive)

Situation of the Premises: Plot No..... Street / Rd.....Town.....District.....

SCHEDULE OF PROPERTY

State against the following Items (which are all contained in the above situated premises) the amount to be insured in respect of each:-

	SUM INSURED
(a) On Stock in Trade consisting of:.....	(a) Shs.....
(b) On Goods in Trust or on Commission for which Proposer is responsible	(b) Shs.....
(c) On Trade Fixtures, Fittings & Utensils in Trade, Office Furniture & Safes (excluding contents)	(c) Shs.....
(d) On Household Goods and Personal Effects including Furniture, Wearing Apparel, Linen, Books, Cutlery, electro-plate, clocks, China, Glass, Wines & Cigar, Music Instruments, Cycles, Pictures, Painting & Drawings	(D) Shs.....
(e) On Gold & Sliver Plates, Jewellery, Personal Ornaments, Watches, Trinkets, & Furs.....	(e) Shs.....
(f) On the following articles not otherwise specified:	(f) Shs.....
	(g) Shs.....
TOTAL SUM INSURED	SHS

OCCUPATION OF THE ENTIRE BUILDING BY PROPOSER AND/OR OTHERS

- | | |
|--|-------|
| 1. Construction of Building : Walls, Roof..... | ..... |
..... | |
| 2. a) State whether used for Residence, Office, Shop, Godown, or
Factory..... | |
| b) If used for Shops or Godowns state nature of goods stored..... | ..... |
| c) If used for factory, give particulars of process carried out..... | ..... |

- (d) Is night work carried on in the factory?.....
- (e) Is the building lighted by Electricity, Gas or Oil Lamps? (State which)
.....

PREVIOUS INSURANCE HISTORY

- 3. (a) Has the property been insured in the past or at the present time?
If so, give full particulars.....
- (b) Have you ever sustained loss under a policy of Burglary and House breaking Insurance? Give full particulars.....
- (c) Has any insurer or underwriter ever:
 - (1) Cancelled.....
 - (2) Declined
 - (3) Refused to renew any Insurance or repudiated claim under any one or more policies of Insurance either for you or any of your partner(s) and/or co-owner(s).....

-
- 4. If the proposed Insurance applies to business premises:
 - (a) how frequently is Stock inventory taken?.....
 - (b) are Account books kept up to date?.....
 - (c) when did you take last physical stock (inventory)?
 - (d) are the Account Books locked in a fire-proof safe or removed to another building at all times when the premises are not open for business purposes?

- 5. (a) What precautions are taken for:
 - (i) securing all doors?
 - (ii) protecting windows?
 - (iii) protecting skylights and other means of entrance?
- (b) Will these precautions always be used when the premises are closed for business?

- 6. (a) State number of guards/watchmen employed.....
- (b) State hours of day and night during which watchmen/guarded service are used:.....
- (c) State name of guard services:.....
- (d) Do you reside on the Premises?
- (e) Will the premises be left unoccupied at any time?
- (f) If so, how often, and for how long?

-
- 7. State in respect of Contents:
 - (a) Amount of Fire Insurance.....
 - (b) Name of Insurance Company
 - (c) Renewal Date of Policy

-
- 8. Have you any other Insurance with this Company? If so, give particulars
.....

No one article included in items (e) or (f) in this Schedule (Furniture, Radios, Television Pianos & Organs excepted) shall be deemed of greater value than 5 per cent, of the total sum insured under such items, unless specifically mentioned and separately insured.

I/We hereby warrant that the statements made in this Proposal are true and complete and that, to the best of my /our knowledge, nothing material affecting the risk has been concealed by me/us. I/We further agree that this Proposal shall be incorporated in and taken as the basis of the proposed contract between me/us and Statewide Insurance Company Ltd. whose usual policy form for this class of insurance /I/We agree to accept.

Date.....

.....

Signature



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FIDELITY GUARANTEE INSURANCE **EMPLOYEES APPLICATION FORM**

This form must be properly completed by the employee and attached to the employer's form before it is delivered to the insurer.

-
1. (a) Surname of applicant
 - (b) Give other name (in full)
 - (c) age
 - (d) Home Address
 -
 -
 - (e) Father's name and Home Address
 -

-
2. (a) Name and Address of Employer
 -
 -
 - (b) Date when joined
 - (c) Starting position and duties
 -
 -
 - (d) Present position
 - (e) Full details of duties performed at present
 -

-
3. (a) Annual Salary
 - (b) Have you any other income
 - (c) State the amount and services of such other Income
 -
 - (d) Do you own any Bank account
 - (e) If so can the Insurer have an access to such Bank account if required (if not give reasons)

8. Give 3 References (excluding you
Family members)

1.....
.....
.....
2.....
.....
.....
3.....
.....
.....

NOTE:

The Insurers reserve the right to obtain the information from your Bank and also your references if required and when so, you will require to prepare a Bank Reference form and have it signed (including any cost charged to Bank Account).

I hereby declare that the particulars stated by me are true and correct to my full knowledge.

Date.....

.....
Signature



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PROPOSAL FOR FIDELITY GUARANTEE INSURANCE

1. Name of Employer: _____

2. Address of Employer: - _____

3. Business of Employer: _____

4.

Name /Title of Employee (s) for whom Fidelity Guarantee Cover is required		Amount of Guarantee	Annual Salary
NAME	TITLE		

5. Employee's Marital status: Married/ Single/Widowed. Number of Children _____
6. Duties of Employee(s): _____

7. How long has he/she(they) been in your service? _____

8.	Has his/their honesty and general conduct been very satisfactory, or unsatisfactory?	
9.	Has the employee(s) power to sign cheques/ effect payment alone?	
10.	Are there regular checks on the employee?	
11.	How are these checks made?	
12.	Is the employee (s) frequently in debt?	
13.	Has the employee(s) ever been convicted of a criminal offence?	
14.	Are there any material facts affecting the employee's honesty which have not been disclosed	
15.	If so, which are they?	

I/We warrant that the above statements are true, and I/We agree that they shall be taken as the basis of the Contract between me/us and the *STATEWIDE INSURANCE COMPANY LIMITED*.

DATE:..... SIGNATURE:.....



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AGENCY:.....

PROPOSAL NO.

PROPOSAL FOR PERSONAL ACCIDENT INSURANCE

1. Full Name of proposer (BLOCK LETTERS)
2. Residence (BLOCK LETTERS)
3. Business address Tel No:

4. (A) Profession, occupation, trade or business. (Please describe fully) (A)
- (b) Does your occupation require you to engage in manual labour? (B)

5. Age next birthday Height Weight

6. Do you engage in Hunting, Big Game Shooting, Steeple-chasing, Racing of any kind, Football, polo Playing, Motor Cycling, Mountaineering or Aeroautics?

7. Have you any physical defect or infirmity?

8. (A) Do you enjoy good health? (A)
- (B) Have you ever suffered from Gout or Diabetes, Paralysis or a fit of any kind? If so give details (B)
- (C) Have you or have you had a Rupture or Varicose Veins? If so give details (C)

9. Have you sustained injury by accident (s) during the last five years? If so give dates, nature of injury(ies) and period(s) of disablement

10. (A) Have you ever proposed for Accident and/or life Insurance? (A)
- (B) if so, give name of each Company (B)
- (C) Has any Company :- (C)
- (i) declined to issue a policy to you? (i)
- (ii) declined to continue your insurance? (ii)
- (iii) not invited the renewal of your Policy/ (iii)
- (iv) If so give names of each Company (iv)
- (D) (i) Is this Insurance to be additional to any other Accident and/or Sickness Policy? (D) (i)
- (ii) if so, give particulars of all other Policies (ii)

I hereby warrant and declare the truth of all the above statements and that I have not withheld any material information; and I agree that this proposal shall be the basis of the contract between me and the Company; and I agree to notify the Company of any material alteration in my occupation, health or habits, and to accept a policy subject to the terms, exceptions and conditions prescribed by the Company.

Date..... (Signature of the Proposer)

Risk to commence on

NOTE_The liability of the Company does not commence until the proposal has been accepted and the first premium paid.

BENEFITS SELECTED		For office use
(See overleaf for benefits available)		
Benefit	Amount	
A & B		Rate:
C	Per Week	Other:
D	Per Week	Stamp duty:
E	Per accident	
Total Premium		

SELECTIVE BENEFITS

SECTION	CONTINGENCIES In the event of accident causing	Benefits
A B	Death, or Loss of one or two limbs, or one or two eyes, or Total and Permanent Disablement (other than loss of limbs or eyes	Capital sum insured
C	Temporary Total Disablement	Actual weekly earnings upto 104 week
D	Temporary Partial Disablement	One third of weekly earnings
E	Medical Expenses (actually incurred as a result of an accident giving rise to a claim under the policy. Limited in respect of any one Accident to	An agreed limit not exceeding 20% of sum insured.

NOTES---Contingencies under Section A must occur within 3 months of the accident.
Benefits for Temporary Disablement under Sections B and C together are limited to a period of 104 weeks in all.
The Temporary Disablement benefits commence from the first day of incapacity.
The above rates are for healthy persons without physical defect or infirmity.
The benefits under Section A can be extended to include the loss of use or physical severance of other Parts of the body. The scale of benefits and rates is shown overleaf

CLASSIFICATION

Class 1-Persons engaged solely in Professional, Administrative and clerical Occupations.
Class 2-Persons engaged in industry who do no manual work and whose duties are solely supervisory; or in retail or wholesale, trade (other than meat, fish or vegetable dealers or those using tools); Commercial Travellers and Travelling Salesmen
Class 3- Persons engaged in an occupation not otherwise classified and being a Hazardous Occupation.
Hazardous Occupations - Persons engaged in hazardous work or using woodworking or other dangerous machinery will be considered on application.

**GENERAL INFORMATION AND
SPECIAL FEATURES.**

SELECTIVE BENEFITS

Our Personal Accident Policy is designed to provide benefits to suit your particular requirements. A Policy may be effected for one or more of the benefits shown overleaf, which may be varied in amount at premiums proportionate to those quoted.

AGE LIMITS

The premium quoted apply to healthy, sober and temperate persons without physical defect or infirmity and between the ages of 16 and 60.

MEDICAL EXAMINATION

Medical examination is not required provided the answers given on the proposal are satisfactory.

AVIATION

The policy covers (without additional charge) travel as a fare-paying passenger in a fully licensed standard type of aircraft operated by a recognised air line on a regular route or in a fully licensed standard type multi-engined aircraft operated by a recognised Air Chartered Company.

EXCLUSIONS

The standard form of Policy does not cover accidents caused by use of a motor cycle or motor scooter, yachting, hunting, rugby, football, or power-driven wood-working machinery.

All Policies exclude Death or Disablement arising from mountaineering, winter sports, ice hockey, steeple chasing polo, or racing of any kind, war and kindred risks, flying (except as stated above), suicide or intentional self-injury.



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