

# Statewide Insurance Company Ltd.



Head Office: Sure House  
Plot 1 Bombo Road | P.O. Box 9393 Kampala  
Tel: +256 414 345 996, +256 312 262 119  
Email: [swico@swico.co.ug](mailto:swico@swico.co.ug), Website: [www.swico.co.ug](http://www.swico.co.ug)

## BURGLARY PROPOSAL FORM

### GUIDELINES TO FILL THE FORM (Information given herein will be treated in strict confidence)

1. Please fill the form in BLOCK LETTERS and leave on box blank between two words.
2. Please answer all the questions completely. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A".
3. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (v) mark wherever applicable.
4. 'You/Your' wherever used in this proposal means the "Proposer" considered for this insurance.
5. Kindly contact the Company's Office or Agent for any doubts or clarifications on the proposal form.

**Note: The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.**

Period of Insurance. From: \_\_\_\_\_ To: \_\_\_\_\_

### PROPOSER INFORMATION

Proposer's Name	
Proposer's Trade or Business	
Postal Address	
Landline/ Telephone	
Email	

Business / Trade / Occupation (Give full description):

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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 (UGX)
(a) On Stock in Trade consisting of:	
(b) On Goods in Trust or on Commission for which Proposer is responsible	
(c) On Trade Fixtures, Fittings & Utensils in Trade, Office Furniture & Safes (excluding contents)	
(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	
(e) On Gold & Silver Plates, Jewellery, Personal Ornaments, Watches, Trinkets, & Furs	
(f) On the following articles not otherwise specified:	
<b>TOTAL SUM INSURED</b>	



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## 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?	



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(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/guard services 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	



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## DECLARATION

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 do hereby declare that the above answers and statements are true and that I/we have not withheld any material information regarding this proposal. I/We agree that this declaration and answers given above as well as any proposal or declaration or statement made in writing by me/us or any one acting on my/our behalf shall form the basis of contract between me/us and the company and I/we further agree to accept indemnity subject to the conditions endorsed on the company's policy.

Date of proposal: \_\_\_\_\_ Signature and stamp of proposer: \_\_\_\_\_

**THE LIABILITY OF COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID**

AGENT / BROKER / CONTACT PERSON Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

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