

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, Website: www.swico.co.ug

CONTRACTORS BOND 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: _____

1. Proposer Details

(a) Full title of Contractor: _____

(b) Address: _____

(c) Location: _____ Plot No. _____

Street/Rd _____ Town _____ District _____

(d) Telephone No. _____

(e) Email: _____

(f) How long established: _____



A MEMBER OF THE UGANDA INSURERS ASSOCIATION



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(g) Director & Partner details

Names of all Partners and Directors	Address	Telephone

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. _____



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(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? Yes No

(b) Experienced difficulty in completing a contract by the due date? Yes No

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?



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12. State particulars of insurance in respect of

Worker's Compensation	
Annual wage Roll Shs	
Name of Insurer	

Public Liability	
Indemnity Limit Shs.	
Name of Insurer	

13. State Principal contracts in hand:

Nature of work	Completion Date	Amount at Present paid	For whom Undertaken

14. State Principal contracts completed:

Contract	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?



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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? Yes No

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	Freehold and lease
Authorized, Issued	Property
Reserves	Investments, etc. At market value
Sundry Creditors	Approximate value of plant and motor vehicle
Bank loan overdraft	Materials in stock
Loans other than Directors loans	Sundry debtors
Mortgage	Work in progress less payments to receive on accounts
Hire purchases commitments	
Other Liabilities (give particulars)	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.



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DECLARATION

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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