

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

FIRE 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 (✓) 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.

Separate Buildings must have a separate sum insured upon each, and if Stock of Effect are kept in two or more distinct buildings, the sum to be insured in each building must be specified.

If the premises consist of more than one building, a ground plan should be furnished and the various buildings marked A, B, C, etc. These letters may be referred to in completing the proposal.

Period of Insurance. From: _____ To: _____



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DESCRIPTION OF PROPERTY	SUM INSURED			
	A	B	C	D
1. Building				
2. Furniture, Fixtures & Fittings				
3. Machinery & Plant				
4. Stock in Trade consisting of				
5. Merchandise in Trust or on Corn- mission (for which the proposer is responsible in the event of loss by fire) consisting of				
6. Household Goods, Furniture & Personal Effects				
7. Months' Rent of premises				
TOTAL SUM INSURED				

DESCRIPTION OF PROPERTY	SUM INSURED			
	A	B	C	D
1. (a) How many storeys does the building have?				
(b) Of what are the external walls constructed?				
(c) Of what is the roof constructed?				
(d) Are there any ceilings or partitions of calico, canvas or rush?				
(e) For what purposes is the building occupied:				
(f) if not restricted to yourself describe other occupiers				



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2. (a) Has the property been insured in the past or at present time? Yes No

If so, give full particulars

(b) Have you ever sustained loss under a policy of Fire insurance? Yes No

If so, give full particulars

(c) Has any Insurance Company?

- a) Cancelled your policy?
- b) Declined to insure you?
- c) Refused to renew your policy?
- d) Impose any special terms
- e) Repudiated any claim?

YES	NO

If the answer to any of the above is YES, please give details:

3. 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 up in a fire-proof safe or removed to another building at all times when the premises are not open for business purposes?

4. If the proposed insurance applies to Buildings:

(a) Valuation Report for Buildings

(b) Valuer

(c) Date Valuation

(d) Value assessed

Please attach copy of Valuation Report

(e) Are there any buildings communicating with the premises proposed to be insured? If so describe the same



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(f) Are there any adjacent buildings within 40 feet of the premises proposed to be insured: If so describe the same?

5. (a) Are any of the following hazardous goods kept in the building? Acetylene (Liquid), Barium Sulphide, Benzine, Benzoline, Bisulphide of Carbon, Bitumen, Brimstone (sulphur), Calcium Carbide. Calcuim Sulphide, Camphine, Camphor, Candles, Cartridges, Celluloid and Xylonite, and other similar substances, Charcoal (powdered) Chlorate of Potash, Chlorate of Soda, Chloride of Lime, Cinematograph Films, Cocoanut and other Vegatable oils, Coir Yam, Copper Sulphide, Copra Cake, Copra Meal, Cordite, Cotton whether in fully -pressed bales or otherwise Crackers, Explosives of any kind, Fire works, Fulminating Powder, Ghee, Grasses of all kinds, Gunny Bags other than fully-pressed Iron-bound bales Gunpowder, Hay, Hemn, Hessians other than fully - pressed Iron - bound bales, Kerosene, Lamb-black, lime, Matches of any kind, Mungo, Ntahtha, Nitric Acid, Nitrate of Soda, Nitro-Glycerine, Oils and/or Oil paints, Paraffin, Percussion Caps, Petroleum and/or its liquid products, Patrol, phosphorus, Picric Acid, Pitch Potash, Potassium Sulphide, Rags, Resin, Rockets, Rock Oil, Saltpetre, Shoddy, Sisal Bags and Sisal Cloth other than fully-presses iron rope-bound bales, Spirits of any kind not in bottles, Screating Straw, Sulphuric Acid, Sulphur Dyes, Tallow (manufactured and unmanufactured) Tar and/or Tarred Ropes and/or Canvas, Turpentine, Varnish, Vegetable fibres of any kind, waste of any kind.

(b) If so, which are they and what quantity?



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c) Please give details of any power driven machinery used to the building.

6. Has any other person or firm have a mortgage or other interest property? Yes No

If so, please give details

SPECIAL PERILS INSURANCE		
Do you wish cover against:	YES	NO
(a) Explosion		
(b) Earthquake		
(c) Aircraft		
(d) Impact		
(e) Storm and Tempest		
(f) Flood		
(g) Bursting or overflow of water pipes and apparatus		
(h) Riot and Srtikes		
(i) Malicious Damage (if Riot and Strike cover is taken out)		



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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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