

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

GOODS IN TRANSIT PROPOSAL FORM

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable.

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: _____

Name of the firm	
Address of the firm	
Telephone No	
Description of Property	
Geographical Area	
Sum Insured in respect of any one loss or series of losses arising out of one original cause	
Estimated total value of goods in transit during the period of Insurance on which the premium is calculated	
1. State the number of years you have been established in the above course of business	
2. State territories covered in ordinary course of business	
3. Will you transport the following:	



A MEMBER OF THE UGANDA INSURERS ASSOCIATION



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a) Wines or Spirits?	
b) Fragile Articles?	
c) Explosive or hazardous goods?	
4. State the maximum value of any one single package.	
5. State the maximum limit of any one single dispatch per vehicle	
6. How many trips are being undertaken by you in a week?	
7. What is the maximum duration of any one trip?	
8. Are your vehicles always properly maintained and serviced?	
9. Will your vehicles carry a greater load than allowed by the Traffic Authorities?	
10. Have you ever sustained loss under Goods in Transit policy? If so, give particulars.	

Are you at present insured or have you ever proposed for insurance in respect of Goods in Transit Insurance? If so, state the name of Insurer: _____



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Has any company or insurer:

- 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:

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: _____

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AGENT / BROKER / CONTACT PERSON Name: _____

Signature: _____ Date: _____



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