

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

MARINE HULL 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	



A MEMBER OF THE UGANDA INSURERS ASSOCIATION



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Hull Details

NAME OF VESSEL	
TYPE OF BOAT	
CONSTRUCTION MATERIAL	
BUILDERS NAME	
REGISTRATION DETAILS	

Dimension of Boat

a) Length: _____ b) Width: _____

State whether Open Deck or Cabin Indicate the approximate weight of

a) The Boat: _____

b) The Anchor: _____

State the to be Sum Insured:

What Moorings are used? a) Rope b) Chain

What is the maximum speed of the boat?

What is the cruising range?



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Is the boat equipped with?

	YES	NO
Automatic Water Pump		
Transmitter Receiver		
Fire Extinguisher		
Life Saving Equipment		
Life Saving Equipment		

Please provide a list of other equipment or accessories on the boat Details of the usual coxswain.

Seating Capacity: _____

Engine Details

Type of engine(s)? a) Inboard b) Outboard

Capacity of engine/Horse Power: _____

Serial Number: _____

Any other details:



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Use of the vessels

What is the vessel to be used for (i.e. fishing, charter, personal, paragliding etc)?

If the vessel is to be used for charter, what is the maximum permissible number of persons (Including crew members) you may take on board any one time?

Does the boat take part in any competitions? YES NO

If "YES" please give details:

Moorings

Where is the boat is usually moored when not is use?

Do you own a slip way? YES NO

If not what steps do you take to protect your boat during storms, monsoon seasons and/or cyclones?



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How many times a year is the bait hauled ashore for maintenance?

Third Party Liability

Do you wish to insure against liability to:

	YES	NO
Third party property damage limit required		
Injury or death to third party excluding crew		
Injury or death to crew		
Property to be Insured	Sum Insured	
Hull		
Engine(s)		
Accessories		

General information

Has any insurer requested for increased premium? YES NO

Are there any Insurances on the same property in force with this or other Insurance Companies?

YES NO

If so, state the amounts and the names of the Companies:



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Has the insurance now proposed or any other insurance proposed by you been declined or cancelled by any Insurance Company? YES NO

Have you ever had a loss before? YES NO

If so, please give particulars:

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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Please attach

- a) One photograph of the vessel
- b) Copy of your PIN certificate
- c) Copy of your vessels registration certificate
- d) Certificate of seaworthiness



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