

# 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)

## PLANT & MACHINERY 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: \_\_\_\_\_

Nearest Railway Station and Distance: \_\_\_\_\_

Do the items listed represent the entire machinery used by you at the above location?

Yes  No

Are you at present insured?

Yes  No

If "YES", please provide name of Insurer and policy number?

\_\_\_\_\_



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Has any Insurance company

Declined to insure any of the Machinery now proposed?

Yes  No

Required an increased premium or imposed special conditions?

Yes  No

## **PROPOSER INFORMATION**

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

Location of Operation (site of property to be insured). Address same as above: Yes  No

If not, please provide below (If there are multiple risk locations, use extra sheet)

Street Name: \_\_\_\_\_

Locality: \_\_\_\_\_



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## **FOR OFFICE USE ONLY**

Express Freight (excluding Airfreight), overtime and Holiday rates of wages

Air Freight

Owners surrounding property: \_\_\_\_\_

Clearance & Removal of Debris: \_\_\_\_\_

Plain Hilly Terrain Quarries Offshore Others: \_\_\_\_\_

Requested for repairs or made other special stipulations for risk improvement? Yes  No

Are you aware of any defects/damages existing in the machinery? Yes  No

If "YES", please give details thereof:

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Do you own or use any equipment other than that described above working on the same site?

Yes  No

Is any of the equipment now proposed:

a) Licensed for road use? Registration no. etc Yes  No

b) Covered by any other insurance? Yes  No



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If "YES", give details:

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Are you the owner of the proposed equipment? Yes  No

If "YES", will you be hiring out? Yes  No

If the equipment is hired;

Is Insurance your responsibility? Yes  No

Is maintenance and operation your responsibility? Yes  No

Are the premises where the equipment operates well-guarded? Yes  No

What is the site condition where the equipment will be utilized?

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Is the equipment likely to operate on reclaimed or soft ground?

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Are the equipments likely to operate underground? Yes  No

Are ground condition such that equipment is exposed to the risk of toppling over? Yes  No

If "YES", give details

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Is the site susceptible to flood, sea damage, storm, or other natural calamities? Yes  No

If "YES" give detail and safety precautions taken:

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Will equipment belonging to other contractors operate on the same site? Yes  No

Do you have trained and qualified operators? Yes  No

Are there any statutory rules governing the appointment? Yes  No

Which of the equipments are required to be inspected and certified for operation by statutory rules?

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Has your machinery sustained any damage from breakdown or other cause during last 3 years?

Yes  No

If "YES", give details of damage(s) and repairing cost

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Is regular periodical inspection of the machinery carried out? Yes  No

If "YES", by whom and at what intervals?

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**Please submit a copy of last inspection certificate**

On payment of Additional premium do you wish to cover? Yes  No

If "YES", please select & provide limits of indemnity you wish to cover



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Maker's Name: \_\_\_\_\_

Country of Origin: \_\_\_\_\_

Year of Make Sum Insured: \_\_\_\_\_

Capacity of Machine/Serial No: \_\_\_\_\_

ii) The Sum Insured must be calculated on the present day new replacement value of the Machinery to be insured including provision for packing, freight and also value of foundations, erection costs, customs duty, etc., to afford full protection under the Policy.

iii) All Portable Machines must be so designated.

iv) All items in the open must be so described separately.

v) Transit risks from site to site will be excluded.



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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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