

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

PRODUCTS LIABILITY 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	

Business / Trade / Occupation (Give full description):



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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:

Explain what your business entails

	YES	NO
Manufacturing		
Processing		
Packaging		
Assembling		
Wholesaling		
Retailing		
Importing		
Exporting		



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Any Other:

Give details of products subdivided into different categories (range) if more than one type of product is involved.

Describe the purpose or use of the product(s). Note: Brochures or leaflets describing the products can be enclosed if available.

If you incorporate parts manufactured elsewhere for any of the above listed products, wholly or partly, including raw materials, state the part or component and from where they are sourced.

Are the products used as a component? Yes No

If "YES", with what type of products and by which industry?

Are any of your products assembled by another firm (or persons)? Yes No

If "YES", give details:



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Are any of your products sourced locally or abroad? Yes No

If "YES" please give details:

Are any of your products exported? Yes No

If "YES" please list the countries to which you export. Note: This cover excludes exports to the USA and Canada.

State the estimated turnover for each country:

Are any of the products supplied for use in connection with:

	YES	NO
Aircraft, aerospace equipment or aerial devices of any kind?		
Pharmaceuticals?		
Offshore platforms and rigs?		

How long you have engaged in manufacturing/supplying these products?



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Do you enter into any agreement or undertaking to indemnify or compensate suppliers of materials or components or subcontractors or processors in respect of any injury or damage?

Yes No

If "YES", please provide a copy of such agreement or undertaking.

What type of packaging do you use?

Do you manufacture the packaging materials? Yes No

If not, where are the packaging/containers acquired?

Do you give any written guarantee or conditions of sale with or in respect of any of your products by:

- i) Printing on the package /product? Yes No
- ii) By a separate leaflet or brochure? Yes No

If "YES", please supply sample wordings.



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Are there any quality control measures in place with regard to the product(s) Yes No

If "YES", please explain.

State the Statutes, Laws or Bylaws that govern your operations with regard to the product Proposed for insurance?

Do you operate in compliance with these Laws? Yes No

If "NO", please explain.

Limits of liability required:

	Amount (UGX)
Any one claim	
All claims arising out of one event	
All claims arising during the Period of Insurance	
Estimated Annual Turnover	

Insurance and Loss History:

Are you now or have you been insured against liabilities for which this proposal relates?

Yes No



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If "YES", please give name of Insurer and Policy Number

Have any incidents occurred during the last 5 years resulting to injury to any person or Damage to property in connection with the type of Insurance now proposed? Yes No

If "YES", please give details here below:

Year: _____

Cause of Accident: _____

Brief details of each incident: _____

Amount Paid: _____

Are there any claims pending against you or do you have reason to expect any? Yes No

If "YES", give details:



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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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