

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

PROFESSIONAL INDEMNITY 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: _____

1.	Name of the firm		
	Address of the firm		
2.	Telephone No		
3.	Trade or profession		
4.	Full names of all partners and their qualifications and how long each partner practiced as a Principal		
	Name	Qualification	Experience



A MEMBER OF THE UGANDA INSURERS ASSOCIATION



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5.	Total number of staff	Senior staff	
		Personal Secretaries	
		Other staff	
6.	Have any claims been made against your firm in the past?		
7.	If so, give full particulars		
8.	Have any claims been made against any of the partners?		
9.	If so, give particulars		
10.	Has any application for insurance made by you or your predecessors in business ever been declined?		
11.	If so, state reasons		
12.	Amount of indemnity required		
13.	Do you undertake to act as Liquidators, Receivers, or Trustees in Bankruptcy?		



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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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