

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

PUBLIC 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: _____

Limit of indemnity required _____ for any accident.

(In addition to the above sum, the terms of its policy, the law costs incurred in defending or settling claims)

Unless otherwise agreed the liability of the company is unlimited in any period of insurance.

1. Name of proposer in full	
2. Address	
3. Trade or business (Full description)	



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4. (a) Give below details of employees and the premises to which the cover is to apply

EMPLOYEES			PREMISES
Number	Description of occupation	Estimated Annual wages	Situation

(b) Description of premises (workshop, factory, warehouse, school etc)

(c) Are any of the premises on the waterside? If so, give particulars of such premises and state whether Proposer is responsible for the berthing of vessels or craft.

(d) Give below particulars of all lifts (other than passenger lifts), cranes, hoists, teagles or other lifting machinery owned or used in the Trade or Business

Item No.	Description (including motive power)	Whether situated in the premises or used in work away therefrom

5. Will work be undertaken elsewhere than on the premises? Yes No

If so, give details (including whether any representative will travel outside the country) and estimated annual wages applicable



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6. Will any work be sub- contracted? Yes No

If so, give precise details of all such work and estimated annual contract prices under each heading

7. Are the premises, plant and machinery in sound condition and will they be kept in a good repair?

8. Give particulars of animals (other than domestic dogs and cats), horse drawn vehicles, pedal cycles, hand propelled vehicles, railway rolling stock or locomotives

9. What machinery, electrical appliance or pressure plant will be used?

10. What acids, gases, chemicals, explosives will be used and to what extent?

11. Will any radioactive substance be used? Yes No

If so, give precise details

12. Is it desired to insured against liability for accidents arising:



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(a) From goods sold? YES NO

If so, please attach list of products and sold outside Uganda, Kenya and Tanzania, please indicate turnover for each other country

(b) Out of the supply of food and drink? YES NO

If so, give particulars of the facilities available

13. Has the Proposer been or is he now insured in respect of his liability to the public?

YES NO

If so, please state name and address of company or Underwriter and Policy number.

14. 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:

15. How long have you been in business?

16. Give particulars of any accidents Third Parties whether resulting in a claim or not, during the last five years in connection with any business carried on by you.



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Year	No. of Accidents	Paid	Estimated outstanding

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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