

# 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)

## TRAVEL INSURANCE 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 Age	
Destination	
Landline/ Telephone	
Email	



A MEMBER OF THE UGANDA INSURERS ASSOCIATION



# 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)

## 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:

---

---

**Please attach**

a) Passport

b) National ID



**A MEMBER OF THE UGANDA INSURERS ASSOCIATION**

