

ALL RISKS PROPOSAL FORM

Please answer every applicable question and attach supporting documents

HOW TO COMPLETE THIS FORM

1. Complete the form in BLOCK LETTERS.
2. Answer every question fully. Where a question does not apply, enter N/A.
3. Attach supplementary sheets where more space is required and identify the relevant question.
4. Tick the appropriate option wherever applicable.
5. Contact the Company's office or your agent for clarification where required.

Information supplied will be treated in strict confidence. 'You' and 'Your' refer to the proposer.

Period of insurance - From

To

PROPOSER INFORMATION

Name of proposer (in full)

Physical address

Postal address

Telephone / mobile number

Email address

INSURANCE PARTICULARS

Have you previously been insured for Domestic Package, Fire, Theft or All Risks?

☐ Yes

☐ No

If Yes, give the insurer's name and policy number.

Are you currently insured for Domestic Package, Fire, Theft or All Risks?

☐ Yes

☐ No

If Yes, give the insurer's name and policy number.

INSURER / UNDERWRITER DECISIONS

Has an insurer ever cancelled your policy?

☐ Yes

☐ No

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Has an insurer ever declined to insure you?

☐ Yes

☐ No

Has an insurer ever refused to renew your policy?

☐ Yes

☐ No

Has an insurer ever imposed special terms or an increased premium?

☐ Yes

☐ No

Has an insurer ever repudiated a claim?

☐ Yes

☐ No

If Yes to any question above, give full details.

CLAIMS EXPERIENCE

Have you suffered a loss connected with the insurance now proposed?

☐ Yes

☐ No

Date of most recent loss

Amount of loss (UGX)

Cause and circumstances of the loss

Insurance company with which the claim was made

If you suffered more than one loss, give brief particulars of each.

SCHEDULE OF ARTICLES

Detailed description of article

Value (UGX)

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Schedule of articles - continued

SCHEDULE OF ARTICLES - CONTINUED

Detailed description of article

Value (UGX)

Each article must be separately specified and its value stated. For jewellery, attach a current valuation report from a reputable dealer.



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Declaration and intermediary details

DECLARATION

I/We declare that the answers and statements in this proposal are true and that I/we have not withheld any material information. I/We agree that this declaration, the answers given above, and any proposal, declaration or statement made in writing by me/us or anyone acting on my/our behalf shall form the basis of the contract between me/us and the Company. 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 THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID.

AGENT / BROKER / CONTACT PERSON

Name

Date

Signature

Comments