

Head Office:

Plot 1 Bombo Road | P.O. Box 9393, Kampala, Uganda
☎ +256 414 345996 | +256 752 262 119 📞 +256 767 695 190
✉ Swico@swico.co.ug 🌐 www.swico.co.ug
📱 @statewideug 📱 @swico_uganda 📱 @swico

PROPOSAL FOR GOODS IN TRANSIT INSURANCE

Please answer every applicable question and provide supporting details where requested.

PROPOSER DETAILS

Agency

Proposer's Name in full

Proposer's Business Address

Telephone Contact

WhatsApp tel. Contact

E-mail Address

Business/or Trade

Period of Insurance: From

To

Description of Property

Geographical Area

Head Office:

Plot 1 Bombo Road | P.O.Box 9393, Kampala, Uganda
☎ +256 414 345996 | +256 752 262 119 📞 +256 767 695 190
✉ Swico@swico.co.ug 🌐 www.swico.co.ug
📱 @statewideug 📱 @swico_uganda 📱 @swico

PROPOSAL FOR GOODS IN TRANSIT INSURANCE

EXPOSURE AND TRANSPORT DETAILS

Sum Insured in respect of any one loss or series of losses arising out of one original cause (Shs.)

Estimated total value of goods in transit during the period of Insurance on which premium is calculated (Shs.)

State the number of years you have been established in the above course of business

State territories covered in ordinary course of business

Will you transport Wines and Spirits?

☐ Yes ☐ No

Will you transport Fragile Articles?

☐ Yes ☐ No

Will you transport Explosive or hazardous goods?

☐ Yes ☐ No

If yes, give particulars

State the maximum value of any one single package

State the maximum limit of any one single despatch per vehicle

How many trips are being undertaken by you in a week?

What is the maximum duration of any one trip?

Head Office:

Plot 1 Bombo Road | P.O.Box 9393, Kampala, Uganda
 +256 414 345996 | +256 752 262 119 | +256 767 695 190
 Swico@swico.co.ug | www.swico.co.ug
 @statewideug | @swico_uganda | @swico

PROPOSAL FOR GOODS IN TRANSIT INSURANCE

VEHICLE CONDITION AND INSURANCE HISTORY

Are your vehicles always properly maintained and serviced?

☐ Yes ☐ No

Will your vehicles carry a greater load than allowed by the traffic authorities?

☐ Yes ☐ No

Have you ever sustained loss under Goods in Transit policy?

☐ Yes ☐ No

Please give particulars

(a) Are you at present insured or have ever proposed for insurance in respect of Goods in Transit insurance?

☐ Yes ☐ No

If so, state name of Insurer or Underwriter

(b) (i) Has any such proposal or renewal ever been Declined?

☐ Yes ☐ No

(b) (ii) Has any such proposal or renewal ever been Cancelled?

☐ Yes ☐ No

(b) (iii) Has any such proposal or renewal been Subject to increased rate by the Insurer or Underwriter?

☐ Yes ☐ No

DECLARATION

I/We warrant that the statements made in this proposal are true and complete and that nothing material affecting the risk has been concealed by me/us and I/We agree to render at the end of each period of insurance a statement in the form required, and to pay premium on any amounts in excess of the estimates upon which the premium is based. I/We further agree that this proposal shall be incorporated in and taken as the basis of the proposed contract between me/us and Statewide Insurance Company Ltd. Whose usual policy form for this class of insurance I/We agree to accept.

Dated

Signature/Stamp