

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 PROFESSIONAL INDEMNITY INSURANCE

Please write in BLOCK LETTERS where applicable.

FIRM DETAILS

1. Name of the firm

2. Address of the firm

Tel No.

3. Trade or Profession

PARTNERS

4. Full names of all Partners and their qualifications and how long has each Partner practiced as a Principal

Name	Qualification	Experience

STAFF

5. Total number of staff: (a) Senior Staff

(b) Personal Secretaries

(c) Other Staff

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CLAIMS AND INSURANCE HISTORY

6. Have any claims been made against your firm in the past?

☐ Yes ☐ No

7. If so give full particulars

8. Have any Claims been made against any of the partners?

☐ Yes ☐ No

9. If so give particulars

10. Has any application for Insurance made by you or your predecessors in business ever been declined?

☐ Yes ☐ No

11. If so state reasons

12. Amount of Indemnity required

13. Do you undertake to act as Liquidators, Receivers or Trustees in bankruptcy?

☐ Yes ☐ No

DECLARATION

I/We desire to effect an Insurance in the terms of the Policy to be issued by your Company. I/We hereby declare that the statements and particulars given by me/us above, which I/We have read over, are correct, and that no material fact has been misrepresented or misstated, and I am/We are not aware of circumstances likely to affect the risk. I/We agree that the statements in the Proposal shall form the basis of the contract between the company and myself/ourselves, and if the risk is accepted I/We undertake to pay the premium when called upon to do so.

Date

Signature of Proposer

The liability of the Company does not commence until the proposal has been accepted and first premium paid.