

Head Office:

Plot 1 Bombo Road | P.O.Box 9393, Kampala, Uganda
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✉ Swico@swico.co.ug 🌐 www.swico.co.ug
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PROPOSAL FOR WORKERS COMPENSATION INSURANCE

Please complete the employee schedule and all proposer details.

PROPOSER DETAILS

Proposer's Name in full

Proposer's Business Address

Telephone Contact

E-mail Address

Business/profession

DECLARATION AND BASIS OF COVER

I/We, the undersigned, this day of desire

to effect insurance in terms of the policy to be issued by the Company under the Worker's Compensation Act 2000 or any statutory modification or re-enactment thereof for the time being in force. I/We agree to keep proper wage books and to tender, at the end of each period of insurance, a statement to the Company of all wages paid and to pay premium on any wages paid in excess of the amounts estimated herein.

I/We hereby agree that all statements and particulars which I/We have read over and checked are true and that we have not suppressed, misrepresented or mis-stated any material facts and that we have fairly estimated our total wages and salaries expenditure and that I/We agree that this declaration shall be the basis of the Contract between me/us and Statewide Insurance Company Limited.

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EMPLOYEE / STAFF SCHEDULE

Name of Employee or Staff Identification No.	Designation	No. of employees	Monthly earnings

Date

Signature/Stamp