



EXCEL INSURANCE COMPANY LIMITED

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1st, 2nd & 3rd Floor, Crest House.
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BURGLARY

PROPOSAL FOR INSURANCE CONTENTS OF BUSINESS PREMISES AGAINST HOUSEBREAKING AND BURGLARY (i.e. excluding larceny)

A DETAILS OF PROPOSER

- Name of Proposer (in Block Letters):-----
- Postal Address P.O Box-----Tel No.:-----
Fax No. ----- Email Address -----
Details of Contact Person -----
Plot No.: -----Street: -----Town: -----
- Trade or Business: -----
- Location of the Premises Plot No.:-----Street:-----Town:-----

B POLICY PERIOD

Policy to date From-----To----- (.....Months)

C SCHEDULE OF PROPERTY

Insurance cover is for the following items which are all contained in the above situated premises.

ITEM	SUM INSURED
(i) On Stock in trade consisting of;	Shs.....
(ii) Goods in Trust or on Commission for which the proposer is responsible Consisting of;	Shs.....
(iii) Trade Fixtures Fittings Furniture;	Shs.....
(iv) Machinery & Equipment;	Shs.....
(v) Other property consisting of;	Shs.....

TOTAL SUM INSURED

FORM NO. U/014/147

D OCCUPATION OF THE ENTIRE BUILDING BY PROPOSER AND/OR OTHERS

1. State whether used for Residence, Office, Shop, Go-down or Factory
.....
2. If used for Shops or Godowns state nature of goods stored
3. If used for factory give particulars of process carried out
4. Is night work carried on the factory? **YES / NO**.....If yes State nature of work.....
5. Is the building lighted by Electricity, Gas or Lamps? (State which)?.....

E PREVIOUS LOSS HISTORY

1. Have you ever sustained a loss from theft or burglary? **YES / NO**
2. If so, give full particulars.....
3. Has the property been insured in the past or at the present time? **YES / NO**
4. If YES, give full particulars.....
5. Have you ever sustained loss under a policy of Burglary or Housebreaking Insurance? **YES / NO**
6. Give full particulars.....

F TO BE FILLED ONLY IF THE PROPOSED INSURANCE APPLIES TO BUSINESS

PREMISES

1. How frequently is Stock inventory taken?.....
2. Are account Books kept up to date? **YES / NO**
3. When did you take last physical stock (inventory)?.....
4. Are the Account Books locked in a fire-proof safe or removed to another Building at all times when the premises are not open for business purposes?.....
5. (a) What precautions are taken for:
 - (i) Securing all doors?.....
 - (ii) Protecting windows?.....
 - (iii) Protecting skylights and other means of entrance?.....(b) Will these precautions always be used when the premises are closed for business? **YES / NO**
(c) Have you installed a burglar alarm? **YES / NO**
6. (i) State number of guards/watchmen employed.....
(ii) State hours of day and night during which watchmen/guard service are used.....
(iii) State name of guard service.....
(iv) Do you reside on the premises? **YES / NO**

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- (v) Will the premises be left unoccupied at any time? **YES / NO**
- (vi) If YES, how often, and for how long?.....

G PREMIUM PAYMENT WARRANTY:

It is hereby expressly agreed and understood that cover under this policy is granted subject to full payment at inception/renewal. It is further declared and agreed that this policy will be rendered null and void thus relieving the company of any liabilities that would have otherwise arisen with effect from inception/renewal, if premium is not paid as per agreed terms.

Premium payment must be acknowledged by an official receipt from the Company Head Office’s Cash Office otherwise, the company will not be liable for any loss of premium if an official receipt was not obtained from our Head Office’s Cash Office.

H. PREMIUM PAYMENT MODE:

- i. Payment terms, Cash or Cheque

N.B: The Insurance Act CAP. 23, Article 87, prohibits policies to be issued on credit terms.

I. PROPOSER’S DECLARATION:

I/We hereby warrant that the statements made in this proposal are true and that to the best of my/our knowledge nothing material affecting the risk has been concealed by me/us. I/We further agree that this proposal shall be incorporated and taken as the basis of the proposed contract between me/us and Excel Insurance whose usual policy form this class of Insurance I/We agree to accept.

Name: Designation (Title)..... Authorized Signatory: Date.....

J. CONFIRMATION BY BROKER/MARKETING EXECUTIVE:

- i. Years you have known the client **Since (Years)**.....
- Name of Agent/Broker**.....**Signature**.....**Date**.....

FOR OFFICIAL USE ONLY

- K. VERIFIED CLIENT’S TELEPHONE NOS. ARE: 1st****2nd**
- Client’s Email verified as.....
- Name of verifying staff**..... **Signature**.....**Date**.....

L. ASSESSMENT OF THE RISK BY THE UNDERWRITING STAFF:

- i. State if the Inspection Report was well done.....Inspection date.....
- ii. New / Existing Client? (**New/Yes**)..... How long has the client been with us?.....
- iii. State the clients other policies with us.....
- iv. Claims Record.....

V. Assessment of risk to be undertaken and confirming whether to insure or not:

.....
.....

Vi. Min. Rate..... Vii. Given Rate..... Viii. Premium to be paid

ix. Premium payment Terms; cash or present cheque? **X. Excess**.....

Name of officer.....**Signature**.....**Date**.....

M. REINSURANCE:

- i. Reinsurance amount to be ceded
- ii. Retention.....

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iii. Reinsurance Premium..... iv. Premium retained.....
V. Commission payable.....

Name of officer.....Signature.....Date.....

N. APPROVAL BY THE MANAGING DIRECTOR:

.....
Name:Signature.....Date.....