



EXCEL INSURANCE COMPANY LIMITED

Plot 2D, Nkrumah Road,
1st, 2nd & 3rd Floor, Crest House.
P.O.BOX 7213 Kampala
Tel : +256-414-259872
Email : excelins@infocom.co.ug

PROPOSAL FOR COMMERCIAL VEHICLES INSURANCE

A) PARTICULARS OF THE PROPOSER

Full name of Proposer (in block letters).....Tel No.....
Address (in block letters)..... Fax No.
Physical Address Plot No. Street
Email Address Trade or Business.....
Term of Insurance for.....months from.....Until.....
Contact Persons: 1st - Names.....Tel No.....Tel No.....
2nd - Name.....Tel No.....Tel No.....

B) PARTICULARS OF THE BANK IF THE VEHICLE IS BEING FINANCED BY A BANK

Name of the BankName of Branch.....
Credit Officer His/her Tel Nos.

C) PARTICULARS OF THE VEHICLE:

Registration No.	Chassis No.	Engine No.	Make of Vehicle e.g; Toyota	Type of Vehicle e.g; Estate, Salon	C.C	Year of Manufacture	Carrying Capacity e.g; 4 or 5	Present Value of Vehicle

D. PLEASE ANSWER ALL QUESTIONS FULLY: TICK OR FILL IN THE PROVIDED SPACE

1. State fully the purpose for which the Vehicle(s) will be used

2. Is the vehicle used at Construction sites/ queries? **YES / NO**

3. Do you undertake Carriage for other persons? **YES / NO**

5. Will a Trailer be attached to the Vehicle(s)? **YES / NO**
 - (a) If **YES**, What type?What is its value?.....

4. Will the vehicle be hired? **YES / NO**

5. State if the vehicle is garaged or parked outside at night.....

E. 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.

F. PREMIUM PAYMENT MODE:

Payment terms, Cash or Cheque.....

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

G. PROPOSER'S DECLARATION:

I/We desire to insure with Excel Insurance Company Ltd our Motor Vehicle specified above..

Name: Designation (Title).....

Authorized Signatory: Date.....

H. CONFIRMATION BY BROKER/MARKETING EXECUTIVE/CONTACT

i. Years you have known the client.....**Since (Years)**.....

Name of Agent/Broker.....**Signature**.....**Date**.....

FOR OFFICIAL USE ONLY

I. VERIFIED CLIENT'S TELEPHONE NOS. ARE: 1st2nd

Client's Email verified as.....

Name of verifying staff..... Signature.....Date.....

J. 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**.....

K. REINSURANCE:

i. Reinsurance amount to be ceded

ii. Retention.....

iii. Reinsurance Premium.....

iv. Premium retained.....

V. Commission payable.....

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

L. APPROVAL BY THE MANAGING DIRECTOR:

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