



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

QUESTIONNAIRE AND PROPOSAL FORM FOR CONTRACTORS' ALL RISKS INSURANCE

PLEASE ANSWER ALL QUESTIONS FULLY: TICKS OR DASHES ARE NOT SUFFICIENT

1. Title of Contract (If Project Consists of several sections, specify section(s) to be Insured.....
2. Location Site District.....
3. Name and address of principal.....
4. Contact Persons: 1st - Names..... Tel No..... Tel No.....
5. 2nd - Name..... Tel No..... Tel No.....
6.
7. Name(s) and address (es) of Contractor(s).....
8. Name(s) and address (es) of Subcontractor(s)
9. Name and address of consulting engineer.....
10. Description of contract work² (Please give detailed technical information)
.....
(a). Dimensions (length, height, depth, spans, number of floors)
.....
(b). Type of foundation and level of deepest excavation.....
.....
(c). Construction method.....
11. Construction materials.....
12. Is the Contractor experienced in this type of work or construction method?
 Yes No
13. Years of experience of Contractor in this type of works if any claims against quality:
.....
14. Period of Insurance: From: To:.....
Commencement of work Duration of construction months
Date of completion..... Maintenance period..... months

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15. What work will be done by subcontractors?

16. Special risks at the site rating as follows;

	1. Lowest	2. Medium	3. Average	4. High	5. Highest
Fire, explosion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flood, Inundation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landslide, storm, cyclone Blasting work?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Earth Quake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of geographical faults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rainy Season/Storm Hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify other risks.....

Is the structural design earthquake resistant - Yes No.

17. Type of soil where project is to be located.

Rock Gravel Sand Clay Filled ground

Other subsoil conditions

18. Ground water Level below grade.....m orft

Nearest river, lake, sea, etc.....

Name.....Distance from the Projectkm

State hereunder the amounts you wish to insure and the limits of indemnity required (see policy wording, Section 1 Memo 1 and Section II)

MATERIAL DAMAGE	
Items to be insured	Sums to be Insured
1. Contract work	
1.1 Contract price	
2. Value of Construction equipment	
3. Construction plant and machinery (please attach list)	
Total sum to be insured under section I	

Section II Third party liability	
Item to be insured	Limit of indemnity
1. Bodily injury Any One Person	
1.1 Aggregate for bodily injuries	
2. Property damage	

Total limit under section II:	
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19. 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.

20. 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.

18. 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.

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

Date.....Signature of Proposer.....

21. CONFIRMATION BY BROKER/MARKETING EXECUTIVE:

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

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

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22. VERIFIED CLIENT'S TELEPHONE NOS. ARE: 1st 2nd

Client's Email verified as.....

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

23. 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.....

24. REINSURANCE:

- i. Reinsurance amount to be ceded
- ii. Retention.....
- iii. Reinsurance Premium.....
- iv. Premium retained.....

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V. Commission payable.....
Name of officer.....Signature.....Date.....

25. APPROVAL BY THE MANAGING DIRECTOR:

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