



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

CUSTOM BOND PROPOSAL FORM

1. Full title of Principal

Address Physical

P.O.BOX

Tel. No.Mob:.....Fax No.....

Contact Persons: 1st - Names.....Tel No.....Tel No.....

2nd - Name.....Tel No.....Tel No.....

The firm has been operating since.....

2. NAMES OF DIRECTORS;

	Full Names of Director	Address	Email Address	Telephone (Landline)	Mobile Telephone
1					
2					
3					
4					

3. Type of Bond.....Amount.....Station.....

4. (A copy of the Memorandum and Articles of Association should be supplied).
Amount of Bond.....
Period From:20..... To.....20.....

5. DETAILS OF MANAGEMENT STAFF

NAME	QUALIFICATION	EXPERIENCE (YEARS)
1.....
2.....
3.....
4.....

5.....

6. 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.

7. 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.

8. SECURITIES TO BE GIVEN BY THE CONTRACTOR; 1st

2nd3rd

9. PROPOSER’S DECLARATION:

We hereby declare that the statements made by us in this Proposal form are true to the best of our knowledge and belief and we hereby agree that this Proposal form shall form the basis of company and ourselves. We have not concealed any material facts or circumstances which may make the bond null and void.

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

10. 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

11. VERIFIED CLIENT’S TELEPHONE NOS. ARE: 1st2nd

Client’s Email verified as.....

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

12. ASSESSMENT OF THE RISK BY THE UNDERWRITING STAFF:

i. Type of Bond (CB2, CB106, CB10, etc)

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:

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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.....

13. SECURITIES GIVEN BY THE PRINCIPAL:

i. Counter Guarantee No..... ii. Personal Guarantee No.....

iii. Cheque No.....ii. Dated iii. Amount.....

iv. Logbook/Title No..... V. Folio No..... vi. Volume No.....

vii. Premium payment terms (Cash/ Present day Cheque/Transfer on A/C.....

Name of officerSignature.....Date.....

FORM NO: U/014/129

14. REINSURANCE:

i. Reinsurance amount to be ceded ii. Retention.....
iii. Reinsurance Premium..... iv. Premium retained.....
V. Commission payable.....
Name of officer.....**Signature**.....**Date**.....

15. APPROVAL BY THE MANAGING DIRECTOR:

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