



EXCEL INSURANCE COMPANY LIMITED

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PROPOSAL FOR GOODS IN TRANSIT INSURANCE

A: TO BE FILLED BY THE CLIENT

Name:
Address: Tel Nos.
Fax No. Email Address
Contact Persons: 1st - Names..... Tel No..... Tel No.....
2nd-Name.....TelNo..... Tel No.....

Business or Trade:
Period of Insurance: From200..... To200..... (Both dates inclusive)
Description of the Property:
Geographical Area:.....
Sum Insured in respect of any one loss or series of losses arising out of one original cause;
Shs.....

Estimated total value of goods in transit during the period of Shs
Insurance on which the Premium is calculated

1. State the number of years you have been established in the above
Course of business
2. State territories covered in ordinary course of business
3. **Will you transport the following:**
 - (a) Wines or spirit? **YES/NO** If yes, describe type.....
 - (b) Fragile Article?.....If yes, describe type
 - (c) Explosive or hazardous goods? If yes, describe type
4. State the maximum value of any one single package
5. State the maximum limit of any one single dispatch per vehicle.....
6. How many trips are being undertaken by you in a week?.....
7. What is the maximum duration of any one trip?.....
8. Are your vehicles always properly maintained and serviced?.....
9. Will your vehicles carry a greater load than allowed by the traffic authorities?
- If so give particulars.....
10. (I) Are you at present insured or have you ever proposed for insurance in respect of Goods in Transit insurance? **YES/NO**
- If so state name of Insurer or Underwriter.....

(ii). Has any such proposal or renewal ever been

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- (a) Declined by any insurer? **YES/NO**If yes, give a reason.....
- (b) Cancelled? **YES/NO**If yes, state the insurer.....and the year.....
- (c) Renewed with increased premium?.....

11. 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.

12. 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.

13. 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.....

14. CONFIRMATION BY BROKER/MARKETING EXECUTIVE:

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

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

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

Client’s Email verified as.....

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

16. 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:

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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**.....

17. 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.....

18. **APPROVAL BY THE MANAGING DIRECTOR:**

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