



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

MARINE / TRANSIT INSURANCE QUESTIONNAIRE

PLEASE ATTACH PHOTO-COPY OF PROFORMA INVOICE

1. Name of proposer.....
2. Contact address.....
Tel Nos. Fax no.
Email address
3. Contact Persons: 1st - Names..... Tel No..... Tel No.....
2nd - Name..... Tel No..... Tel No.....
4. Description of goods to be insured.....
.....
5. Country of origin.....
6. Total value of goods in foreign currency.....
7. Total value (for insurance purpose / add 10% to converting rate) in (Ug.) Shs.....
8. State value of fragile items: Shs.....
9. How are the goods packed?
10. Name of vessel..... bill of lading.....
11. Voyage: from..... to.....
Via..... per sailing date.....
12. Give place of transshipment.....
13. Number of shipments to be made.....
Please state maximum value of any one shipment shs.....
14. Specify mode of conveyance: whether by sea/rail/road/air.....
15. If by airfreight, give freight no.....
16. If by rail, give rail bill no.....
17. If by road, give name of road carriers & address.....
.....
18. Name of clearing agents and their address.....

FORM NO. U/014/145

- 19. Tick on type of cover required: (a) all risks (b) fire, theft, accident to Conveyance and/or armed robbery © total loss cover only.
- 20. Period of insurance required: fromto.....
- 21. Expected date of arrival of goods in Uganda.....
- 22. Any other details/instructions you want to bring to the notice of the insurance company.....

23. 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.

24. 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.

25. 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.....

26. CONFIRMATION BY BROKER/MARKETING EXECUTIVE:

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

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

Client’s Email verified as.....

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

29. 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?.....

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**.....

30. 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.....

30. APPROVAL BY THE MANAGING DIRECTOR:

.....

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