



# 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 PERSONAL ACCIDENT INSURANCE (LOAN PROTECTION)

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

### A. DETAILS OF PROPOSER

Full Name of Proposer (in Block Letters).....

Full Postal Address: P.O. Box.....

Plot No: ..... Street: ..... Tel Nos. ....

Fax No. .... Email Address .....

Contact Persons: 1<sup>st</sup> - Names.....Tel No.....Tel No.....

2<sup>nd</sup> - Name.....Tel No.....Tel No.....

Trade or Business: .....

B. Policy to date from..... To:.....(.....Months)

C. Geographical Area: Uganda

D. Description of Business / Profession: .....

E. General Information.

1. State the number of years you have been established in the above business.....
2. State the number of individuals to be covered..... Annual Earnings.....
3. Do you handle or use radio isotopes radioactive substances, or other sources of ionizing, radiation/  
Yes/No.....  
If yes, give details.....
4. a) Are you at present insured or have you ever proposed for Personal Accident Insurance with any  
Company? Yes/No..... If yes, give details.....  
.....

- 5. Is any of the persons to be Insured engaged in hazardous or dangerous sports?  
Yes/No.....
- 6. If so give details.....
  - i. Have such proposals or renewals ever been declined or withdrawn?  
Yes/No.....
  - ii. If yes, give details.....
  - iii. Have increased rates been required for such proposals? Yes/No.....
  - iv. If yes, give details.....
  - v. Are you at present insured or have you proposed insurance to another insurer.....  
.....

**F. Schedule of employees to be covered (Attach if a separate sheet if necessary)**

**G. Benefits to be Covered:**

ITEM	AMOUNT EACH
i. Accidental death / Permanent total disability	SHS. Per person.....
ii. Temporary permanent disability	SHS. Per person.....
iii. Temporary partial disability	SHS. Per person.....
iv. Accident medical reimbursement	SHS. Per person.....
v. Last / Burial Expense	SHS. Per Person.....

**H. 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.**

**I. 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.**

**J. 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.....

**K. REMARKS BY BROKER/MARKETING EXECUTIVE/CONTACT REGARDING:**

i. Years you have known the client.....

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

**FOR OFFICIAL USE ONLY**

**L. VERIFIED CLIENT'S TELEPHONE NOS. ARE: 1<sup>st</sup> .....2<sup>nd</sup> .....**

Client's Email verified as.....

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

**M. 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.....**

**N. REINSURANCE:**

i. Reinsurance amount to be ceded ..... ii. Retention.....

iii. Reinsurance Premium..... iv. Premium retained.....

V. Commission payable.....

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

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

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