



# 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 PROFESSIONAL INDEMNITY INSURANCE** **(Please write in Block Letters)**

1. Name of the firm .....
2. Address of the firm .....  
Tel Nos. .... Fax No. .... email Address .....  
Details of Contact Person .....
3. Trade or Profession .....
4. Full names of all Partners and their qualifications?  

<u>Names</u>	<u>Qualification</u>	<u>Length of practice</u>
(a) .....	.....	.....
(b) .....	.....	.....
(c) .....	.....	.....
(d) .....	.....	.....
5. Full Names of technical staff, their qualifications & experience in the above field:  

<u>Names</u>	<u>Qualification</u>	<u>Length of practice</u>
(a) .....	.....	.....
(b) .....	.....	.....
(c) .....	.....	.....
(d) .....	.....	.....
6. Total number of staff (a) Senior Staff .....  
(b) Personal Secretaries.....  
(c) Typists and Office Boys.....
7. Have any claims been made against your firm in the past? .....
8. If so give full particulars of the claim.....
9. Have any claims been made against any of the partners? .....
10. If so give particulars of the claim .....;
11. Has any application for Insurance made by you or your predecessors in business ever been declined?  
.....
12. If so state reasons .....
13. Amount of Indemnity required .....

**FORM NO. U/014/152**

14. Do you undertake to act as Liquidators, Receivers or Trustees in Bankruptcy? .....

**15. 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.**

**16. 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.**

**17. 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.....

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

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

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

**FOR OFFICIAL USE ONLY**

19. **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.....

**20. 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.....**

**21. REINSURANCE:**

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

**FORM NO. U/014/152**

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

V. Commission payable.....

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

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

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