



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

PUBLIC LIABILITY PROPOSAL FORM

Limit of Indemnity required for any accident (in addition to the above sum the company pays, in terms of its policy, the law costs incurred in defending or settling claims)

1. Name of proposer in full		
P. O. Box Location.....Tel..... email.....		
Trade or business (full description)		
The policy is required to run from 20 to20.....		
Contact Persons: 1 st - Names.....Tel No.....Tel No.....		
2 nd - Name.....Tel No.....Tel No.....		
a) Give below particulars of all lifts (other than passenger lifts), cranes, hoists, or other lifting machinery owned or used in the Trade or Business.		
Item No.	Description (including motive power)	Whether situated in the premises or used in work away there from
2. Will work be undertaken elsewhere other than on the premises? If so, give details (including) whether any representative will travel outside the country and estimated annual wages there to		
3. Will any work be subcontracted? If so give details of all such work and estimated annual contract prices under each heading		

FORM NO.U/014/146

4. Are the premises, plant and machinery in sound condition and will they be kept in good repair?				
5. Give particulars of animals (other than domestic dogs and cats) horse drawn vehicles, pedal cycles, hand propelled vehicles, railways rolling stock or locomotives				
6. What machinery, electrical appliance or pressure plant will be used?				
7. What acids, gases, chemicals explosives will be used and to what extent?				
8. Will any radioactive substances be used? If so give precise details.				
9. Is it desired to insure against liability for accidents arising a) from goods sold? If so, please attach list of products indicate turnover for each produce. b) out f the supply of food and drink? If so give particulars of the facilities available				
10. Has the proposed been or is he now insured in respect of his liability to the public? If so, please state name and address of Company or underwriter and policy number				
11. Has any insurer at any time a) declined a Public Liability proposal from the proposer? YES/NOIf yes, name the Insurer and Year..... b) Required an increased premium or imposed special conditions? YES/NOIf yes, name the Insurer and Year..... c) Cancelled or refused to renew a Public Liability policy held by the Proposer? YES/NOIf yes, name the Insurer and Year.....				
12. Give particulars of any accidents involving Third arties (whether resulting in a claim or not) during the last five years in connection with any business carried on by you	Year	No. of accidents	Amount Paid Compensated	Estimated outstanding Claims
	20.....			
	20.....			
	20.....			
	20.....			
<p>13. 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.</p> <p>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.</p>				
<p>14. PREMIUM PAYMENT MODE: Payment terms, Cash or Cheque.....</p>				
<p>N.B: The Insurance Act CAP. 23, Article 87, prohibits policies to be issued on credit terms.</p>				
<p>15. I/WE DESIRE TO BE INSURED WITH THE COMPANY IN RESPECT OF PUBLIC LIABILITY RISK DESCRIBED IN THE ABOVE PROPOSAL.</p>				

FORM NO.U/014/146

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.....

16. CONFIRMATION BY BROKER/MARKETING EXECUTIVE/CONTACT

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

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

FOR OFFICIAL USE ONLY

17. VERIFIED CLIENT'S TELEPHONE NOS. ARE: 1st2nd

Client's Email verified as.....

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

18. 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.....

19. REINSURANCE:

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

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

V. Commission payable.....

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

20. APPROVAL BY THE MANAGING DIRECTOR:

.....

.....

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