



## 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 WORKMEN'S COMPENSATION INSURANCE All questions must be answered fully. Dashes or ticks are insufficient

1.	Proposer's Name in full (Block letters).....
	Proposer's business Address (Block letters)..... Tel No. ....
	Fax No. .... email Address .....
	Details of Contact Person .....
	Proposer's Trade or Occupation (Block letters).....
	Particulars of Work (Block letters).....

I/We, the undersigned this ..... day of .....20.... desire to effect an Insurance in terms of the Policy to be insured by Excel Insurance Company under the Workmen's Compensation Act (cap.197) or any statutory modification or re-enactment thereof for the time being in force. I/We agree to keep a proper wages book and to render, at the end of each period of Insurance, a Statement in the Company of all wages paid and to pay premium on any wages paid in excess of the amounts estimated herein. I/We hereby agree that the statements and particulars within which I/We have read over and checked are true and that I/We have not suppressed, misrepresented or misstated any material fact, that I/We have fairly estimated my/our total wages and salaries expenditure and that I/We agree that this declaration shall be the basis of the contract between me/us and the EXCEL INSURANCE LIMITED.  
Date:..... Signature of Proposer:.....

**FORM NO. U/014/148**

2. ALL PERSONS within the scope of Workmen’s Compensation Act must be included						
DESCRIPTION OF EMPLOYEES	Estimated Number of Employees	Estimated Five years		(For Office Use Only)		
		Sum for each	Accum Sum	Rate	Premium	Classification
		Shs.		%	Shs.	Number
a. Clerical Staff.....						
b. Woodworking Machinist .....						
c. All others  (as specified below).....						
		<b>TOTAL PREMIUM: SHS</b>				

3. Do you have any liability under the Workmen’s Compensation Act (Cap. 197) as amended to the Workmen of sub-contractors:- If so, please state:

Name of Contractor	Nature of work	If contract is for both labour	In cases for which the contract is
	Sub-let	materials state estimated amount	for labour only, state amount of
			Contract
.....	.....	Shs.....	Shs.....
.....	.....	Shs.....	Shs.....
.....	.....	Shs.....	Shs.....

**4. 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.**

**5. PREMIUM PAYMENT MODE:**

- i. Payment terms, Cash or Cheque  
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**N.B: The Insurance Act CAP. 23, Article 87, prohibits policies to be issued on credit terms.**

**6. PROPOSER’S DECLARATION:**

We hereby declare that the statements made by us in this Proposal form are true to the best of our knowledge and belief and we hereby agree that this Proposal form shall form the basis of company and ourselves. We have not concealed any material facts or circumstances which may make the bond null and void.

**Name: .....Designation (Title).....Authorised Signatory: ..... Date.....**

**FORM NO. U/014/148**

**7. PROPOSER'S DECLARATION:**

I/We desire to insure with the Insurer mentioned at the head of this proposal the motor car(s) specified above.

Name: ..... Designation (Title)..... Authorized Signatory: ..... Date.....

**8. E. REMARKS BY BROKER/MARKETING EXECUTIVE/CONTACT REGARDING:**

- i. Years you have known the client.....
- ii. Comment on his/her competency.....

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

**FOR OFFICIAL USE ONLY**

**9. 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.....

**10. 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.....

**11. REINSURANCE:**

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

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

V. Commission payable.....

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

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

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