



EXCEL INSURANCE COMPANY LIMITED

**Plot 2D, Nkrumah Road,
1st, 2nd & 3rd Floor, Crest House.
P.O.BOX 7213 Kampala
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Email : excelins@infocom.co.ug**

PROPOSAL FOR ELECTRONIC EQUIPMENT INSURANCE

1. PARTICULARS OF THE PROPOSER

Full name of Proposer Tel No.....

Type of business Address Fax No.

Email Address Plot No. Street

Name of Contact Persons 1. Tel Nos.....
2. Tel Nos.....

Physical Address of equipment (building, stored) to be insured

2. Structure of building (steel skeleton, brickwork, concrete or wood)?

3. Has any of the equipment to be insured been previously covered by other Insurance companies?

4. If so, give full particulars of the Insurance company (ies) and period of Insurance:
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.....

4. State when the insurance is to commence: Date:...../...../..... Time:
The period of the insurance is to expire at the same date and time next year.

5. Is all the equipment to be insured new?

FORM NO. U/014/150

Condition of equipment: Is the equipment maintained in accordance with the Manufacturers' instructions?

7. Quality of staff: Have the operators been trained with the manufacturer?

8. Is there a risk of floods? If so, by water bodies or torrential rainfall?
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...

9. Are dangerous materials used in the vicinity?

If so, specify acids prepared or sensitized papers test solutions developers' explosives isotopes.
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10. SPECIFICATION OF ITEMS TO BE INSURED

FORM NO. U/014/150

Item No.	Description equipment to be Insured. Including name of manufacture, type, serial number, voltage, Power input, etc.	Describe particulars of any part of the equipment to be insured which had a breakdown or shows signs of repair during the last three years	Year of Manufacture	State if picture or admitter tubes are built in and if the equipment is operated in one office premises or will be moved from place to place and mode of transport	State value of the equipment
TOTAL:					

11. 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.

12. 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.

13. 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.....

14. REMARKS BY BROKER/MARKETING EXECUTIVE/CONTACT REGARDING:

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

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

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

Client's Email verified as.....

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

16. 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.....

17. REINSURANCE:

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

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

V. Commission payable.....

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

18. APPROVAL BY THE MANAGING DIRECTOR:

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