



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 HOUSEOWNERS & HOLDERS

Full Name of Proposer
(Please use Block Capitals and if a lady state whether single, married or widow)
Address of Proposer..... Tel Nos.
Fax No. Email Address
Details of Contact Person 1. TEL NO.....
Details of Contact Person 2. TEL NO.....
Profession or Occupation
Address of dwelling at which the insurance is required, including Plot No.
Period of Insurance: From: To: at 4:00p.m.

QUESTIONS TO BE ANSWERED BY PROPOSER

(All questions MUST be answered)

1. Of what material is the dwelling a) Walls?
b) Roof?
2. What is the height in storeys?
3. How are the outbuildings (if any) a) Wall?
b) Roof?
4. Is any business, profession or trade carried on in any portion of the Premises of which the dwelling forms a part? If so, give particulars
5. Is the Dwelling:-
a) A private dwelling house?
b) A self contained flat separate entrance exclusively under your control
c) Rooms not self-contained state whether (a) (b) or (c)
6. Is the dwelling solely in your own occupation?
(Including your family and servants)
7. If not solely in your own occupation, do you let apartments or receive boarders?
8. Will the dwelling be left without an inhabitant for more than 60 days in all during any one year?
9. Are buildings in a good state of repair and will they be so maintained?
10. Has any insurer:
a) Declined to insure you? **YES/NO**.....If Yes, State Insurer and Year.....
b) Required special terms to insure you? **YES/NO**.....If Yes, State Insurer and Year.....

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- Cancelled or refused to renew your insurance? **YES/NO**.....If Yes, State Insurer and Year.....
- c) Increased your premium or renewal? **YES/NO**.....If Yes, State Insurerand Year.....
11. Have you ever sustained loss and claimed from the insurer? **YES/NO**.....If Yes, State Insurerand year.....Particulars of the loss.....Amount of Claim.....
12. Have you any other policies with us in force covering any of the risks to be insured against? If so, please give particulars
13. If the dwelling is a flat, is it on the ground floor?
14. Are all windows of the dwelling protected by expanded metal or iron bars?

PROPERTIES TO BE INSURED

A. THE BUILDINGS

Location A..... Plot No. Road Town

Location B..... Plot No. Road Town

Location C..... Plot No. Road Town

<u>DESCRIPTION OF MAIN PARTS</u>	Value of Property A	Value of Property B	Value of Property C
1. Land			
2. The built property			
TOTAL SUM INSURED			

THE CONTENTS

Provide below the full description and value of the main items to be insured; E.g. All Furniture

<u>Item</u>	<u>Description</u>	<u>VALUE</u> <u>A</u>	<u>VALUE</u> <u>B</u>	<u>VALUE</u> <u>C</u>

(Write on page 4 if the space is not enough)

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.

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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.....

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19. **VERIFIED CLIENT'S TELEPHONE NOS. ARE:** 1st2nd
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:

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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.....

21. REINSURANCE:

- i. Reinsurance amount to be ceded ii. Retention.....
- iii. Reinsurance Premium..... iv. Premium retained.....

V. Commission payable.....

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

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22. APPROVAL BY THE MANAGING DIRECTOR:

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