



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 MOTOR CYCLE INSURANCE

A) PARTICULARS OF THE PROPOSER

Full name of Proposer (in block letters).....Tel No.....
Address (in block letters)..... Fax No.
Physical Address Plot No. Street
Email Address Trade or Business.....
Term of Insurance for.....months from.....Until.....
Contact Persons: 1st - Names.....Tel No.....Tel No.....
2nd - Name.....Tel No.....Tel No.....

B) PARTICULARS OF THE BANK IF THE MOTOR CYCLE IS BEING FINANCED BY A BANK

Name of the BankName of Branch.....
Credit Officer His / her Tel Nos.

C) PARTICULARS OF THE MOTOR CYCLE:

Registration No.	Chassis No.	Engine No.	Make of Motor Cycle e.g Toyota	Type of Motor Cycle e.g Estate, Salon	C.C	Year of Manufacture	Carrying Capacity	Present Value of Motor Cycle

D). 1a) Are you the Sole Owner of the Motor cycle? **YES / NO**.....and is it registered in your name? **YES / NO**.....

(b) Is the M/Cycle being purchased under a Hire Purchase Agreement /Loan? **YES / NO**
If YES, State the Financing Company.....

2. Where is the Motor Cycle(s) normally garaged at night.....

3. What will the Motor Cycle be used for; Business, Social or Domestic Purposes.....

E. 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.

FORM NO: U/014/132

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.

F. 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.

G. PROPOSER'S DECLARATION:

I/We desire to insure with Excel Insurance Company Ltd our Motor Cycle specified above..

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

H. CONFIRMATION BY BROKER/MARKETING EXECUTIVE/CONTACT

i. Years you have known the client.....**Since (Years)**.....
Name of Agent/Broker.....**Signature**.....**Date**.....

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

Client's Email verified as.....
Name of verifying staff..... Signature.....Date.....

J. 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**.....

K. REINSURANCE:

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

V. Commission payable.....

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

L. APPROVAL BY THE MANAGING DIRECTOR:

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

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