



## 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

### FIDELITY GUARANTEE INSURANCE QUESTIONNAIRE

1. NAME OF APPLICANT.....
2. CONTACT ADDRESS..... Tel Nos. ....
3. PHYSICAL ADDRESS.....  
FAX NO. .... EMAIL ADDRESS .....
4. Contact Persons: 1<sup>st</sup> - Names..... Tel No..... Tel No.....  
2<sup>nd</sup> - Name..... Tel No..... Tel No.....
5. NAME OF EMPLOYER: ..... ADDRESS .....
6. POSITION (GIVE DETAILS OF DUTIES).....  
.....
7. ANNUAL SALARY.....
8. HAVE YOU ANY OTHER INCOME?.....
9. STATE AMOUNT OF TOTAL ANNUAL INCOME IN (UG.) SHS.....
10. ARE YOU MARRIED?.....
11. HOW MANY PERSONS ARE DEPENDANT OR YOU SUPPORT.....
12. HAVE YOU EVER BEEN DISMISSED FROM ANY EMPLOYEMENT?.....
13. IF SO, FOR WHAT REASON AND WHEN?.....  
.....
14. GIVE FULL DETAILS OF PREVIOUS EMPLOYMENT OVER THE LAST FIVE YEARS  
(DATES- FROM TO NAME OF EMPLOYER POSITION REASON FOR LEAVING)  
.....  
.....
15. HAVE YOU EVER BEEN ADJUDGED BANKRUPT OR RESCHEDULED YOUR DEBTS WITH  
YOUR CREDITORS? .....
16. PERIOD OF INSURANCE REQUIRED: FROM.....TO.....
17. ANY OTHER DETAILS/INSTRUCTIONS YOU WANT TO BRING TO THE NOTICE OF THE  
INSURANCE COMPANY.....

**FORM NO. U/014/153**

.....  
**18. 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.**

**19. 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.**

**20. 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.....

**21. CONFIRMATION BY BROKER/MARKETING EXECUTIVE:**

i. Years you have known the client ..... **Since (Years)**.....

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

**FOR OFFICIAL USE ONLY**

**22. 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.....

**23. 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**.....

**24. REINSURANCE:**

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

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

V. Commission payable.....

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

**FORM NO. U/014/153**

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

.....

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