



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

CUSTOM BOND PROPOSAL FORM

1. Full title of Principal
- Address Physical
- P.O.BOX
- Tel. No. Mob:..... Fax No.....
- Contacts of Chief Executive: Tel: Office..... Mobile..... Email.....
- The firm has been operating since.....

NAMES OF DIRECTORS;

	Full Names of Director	Address	Email Address	Telephone (Landline)	Mobile Telephone
1					
2					
3					
4					

2. Type of Bond.....Amount.....Station.....
3. (A copy of the Memorandum and Articles of Association should be supplied).
Amount of Bond.....
Period From:20..... To.....20.....

PREVIOUS HISTORY:

4. PREVIOUS YEARS' CUSTOM BONDS EXECUTED AT URA;

Year	CB 2 Bond value	Insured by	CB 6 Bond Value	Insured by
2013
2012
2011

5. OUTSTANDINGS AT THE END OF THE YEARS:

Year	CB 2 Out standings	Amount still O/S	CB 6 Bond Value	Amount still O/S
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2013
 2012
 2011

6. AMOUNTS IN DEFAULTS PAID TO URA BY THE GUARANTOR;

<u>Year</u>	<u>CB 2 Defaults</u>	<u>Insurance Co Which paid.</u>	<u>CB 6 Default</u>	<u>Insurance Co Which paid?</u>
2013
2012
2013

7. DETAILS OF MANAGEMENT STAFF

<u>Name</u>	<u>Qualification</u>	<u>Experience (years)</u>
1.....
2.....
3.....
4.....
5.....

8. PREMIUM PAYMENT MODE:

i. Payment terms, Cash or Cheque

9. SECURITIES TO BE GIVEN BY THE CONTRACTOR (To be filled if only the securities are required) 1st

2nd 3rd

N.B: The Insurance Act CAP. 23, Article 87, prohibits policies to be issued on credit terms.

10. 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.

LAST DATE FOR ACCOUNTING FOR DUTIES DUE TO UGANDA REVENUE

AUTHORITY.....

11. 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 contract between the 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.....

12. CONFIRMATION BY BROKER/MARKETING EXECUTIVE/CONTACT

- i. Years you have known the contractor.....
- ii. Comment on his/her competence and experience.....

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

OFFICIAL USE ONLY

13. VERIFIED CLIENT'S TELEPHONE NOS. ARE: 1st2nd
Client's Email verified as.....
Name of verifying staff..... Signature.....Date.....

14. ASSESSMENT OF THE RISK BY THE UNDERWRITING STAFF:

- i. Type of Bond (CB2, CB106, CB10, etc)
- 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. Securities given by the principle:

- i. Counter Guarantee No..... ii. Personal Guarantee No.....
- iii. Cheque No.....ii. Dated..... iii. Amount.....
- iv. Logbook/Title No.....V. Folio No..... vi. Volume No.....
- vii. Premium payment terms (Cash/ Present day Cheque/Transfer on A/C.....

Name of officerSignature.....Date.....

15. ASSESSMENT BY THE LEGAL REPRESENTATIVE:

- i. Tangible Original Securities availed.....
- ii. A support agreement for the security received will be signed by the Company Representative and the proposer.

Names:Signature.....Date.....

14. REINSURANCE:

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

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

10. APPROVAL BY THE MANAGING DIRECTOR:

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