



SWICO

STATEWIDE INSURANCE COMPANY

(INCORPORATED IN UGANDA)

Sure House, Plot 1, Bombo Road, P.O. Box 9393 Kampala, Telephone: 0414-345996 / 0312-262119, Fax: 0414-343403

AGENCY:.....

PROPOSAL NO

PROPOSAL FOR GOODS IN TRANSIT INSURANCE

THE PROPOSED INSURED:

Name:

Address

Business or Trade:

Period of Insurance:

From
To

(both dates inclusive)

Description of the Property:

Geographical Area:

Sum Insured in respect of any one loss or series of losses arising out of one original cause	Shs.....
Estimated total value of goods in transit during the period of insurance on which the Premium is calculated	Shs.....
1. State the number of years you have been established in the above course of business	
2. State territories covered in ordinary course of business	
3. Will you transport the following:-	
(a) Wines or Spirits?	(a)
(b) Fragile Articles?...	(b)
(c) Explosive or hazardous goods? ...	(c)
4. State the maximum value of any one single package.	
5. State the maximum limit of any one single despatch per vehicle.	
6. How many trips are being undertaken by you in a week?	
7. What is the maximum duration of any one trip?	
8. Are your vehicles always properly maintained and serviced?	
9. Will your vehicles carry a greater load than allowed by the Traffic Authorities?	
10. Have you ever sustained loss under a Goods in Transit Policy? If so, give particulars.	
11. (a) Are you at present insured or have you ever proposed for insurance in respect of Goods in Transit Insurance? If so, state name of Insurer or Underwriter
(b) Has any such proposal or renewal ever been	
(i) declined? ...	(i)
(ii) cancelled? ...	(ii)
(iii) subject to increased rate by any Insurer or Underwriter?	(iii)

I/We warrant that the statements made in this proposal are true and complete and that nothing material affecting the risk has been concealed by me/us and I/We agree to render at the end of each period of insurance a statement in the form required, and to pay premium on any amounts in excess of the estimates upon which the premium is based. I/We further agree that this proposal shall be incorporated in and taken as the basis of the proposed contract between me/us and Statewide Insurance Company Ltd. whose usual policy form for this class of insurance I/We agree to accept.

Date:.....

Signature