



# SWICO

STATEWIDE INSURANCE COMPANY

(INCORPORATED IN UGANDA)

**SURE HOUSE**  
 PLOT 1 BOMBO ROAD  
 P.O. Box 9393 Kampala, Uganda.  
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AGENCY:.....

PROPOSAL NO. ....

**PROPOSAL FOR PERSONAL ACCIDENT INSURANCE**

1. Full Name of proposer (BLOCK LETTERS) .....
2. Residence (BLOCK LETTERS) .....
3. Business address ..... Tel No: .....

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4. (A) Profession, occupation, trade or business. (Please describe fully) ..... (A) .....
- (b) Does your occupation require you to engage in manual labour? ..... (B) .....

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5. Age next birthday ..... Height ..... Weight .....

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6. Do you engage in Hunting, Big Game Shooting, Steeple-chasing, Racing of any kind, Football, polo Playing, Motor Cycling, Mountaineering or Aeroautics? .....

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7. Have you any physical defect or infirmity? .....

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8. (A) Do you enjoy good health? ..... (A) .....
- (B) Have you ever suffered from Gout or Diabetes, Paralysis or a fit of any kind? If so give details ..... (B) .....
- (C) Have you or have you had a Rupture or Varicose Veins? If so give details ..... (C) .....

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9. Have you sustained injury by accident (s) during the last five years? If so give dates, nature of injury(ies) and period(s) of disablement .....

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10. (A) Have you ever proposed for Accident and /or life Insurance? ..... (A) .....
- (B) if so, give name of each Company ..... (B) .....
- (C) Has any Company :- (C) .....
- (i) declined to issue a policy to you? ..... (i) .....
- (ii) declined to continue your insurance? ..... (ii) .....
- (iii) not invited the renewal of your Policy/ ..... (iii) .....
- (iv) If so give names of each Company ..... (iv) .....
- (D) (i) Is this Insurance to be additional to any other Accident and/or Sickness Policy? ..... (D) (i) .....
- (ii) if so, give particulars of all other Policies ..... (ii) .....

I hereby warrant and declare the truth of all the above statements and that I have not withheld any material information; and I agree that this proposal shall be the basis of the contract between me and the Company; and I agree to notify the Company of any material alteration in my occupation, health or habits, and to accept a policy subject to the terms, exceptions and conditions prescribed by the Company.

Date..... (Signature of the Proposer)

Risk to commence on .....

NOTE\_ The liability of the Company does not commence until the proposal has been accepted and the first premium paid.

BENEFITS SELECTED (See overleaf for benefits available)		For office use
Benefit	Amount	
A & B		Rate:
C	Per Week	Other:
D	Per Week	Stamp duty:
E	Per accident	
Total Premium		

**SELECTIVE BENEFITS**

SECTION	CONTINGENCIES In the event of accident causing	Benefits
A B	Death, or Loss of one or two limbs, or one or two eyes, or ..... Total and Permanent Disablement (other then loss of limbs or eyes .....	Capital sum insured
C	Temporary Total Disablement .....	Actual weekly earnings upto 104 week
D	Temporary Partial Disablement .....	One third of weekly earnings
E	Medical Expenses (actually incurred as a result of an accident giving rise to a claim under the policy. Limited in respect of any one Accident to .....	An agreed limit not exceeding 20% of sum insured.

NOTES---Contingencies under Section A must occur within 3 months of the accident.  
Benefits for Temporary Disablement under Sections B and C together are limited to a period of 104 weeks in all.  
The Temporary Disablement benefits commence from the first day of incapacity.  
The above rates are for healthy persons without physical defect or infirmity.  
The benefits under Section A can be extended to include the loss of use or physical severance of other parts of the body. The scale of benefits and rates is shown overleaf

**CLASSIFICATION**

Class 1-Persons engaged solely in Professional, Administrative and clerical Occupations.  
Class 2-Persons engaged in industry who do no manual work and whose duties are solely supervisory; or in retail or wholesale trade (other than meat, fish or vegetable dealers or those using tools); Commercial Travellers and Travelling Salesmen  
Class 3- Persons engaged in an occupation not otherwise classified and being a Hazardous Occupation.  
Hazardous Occupations - Persons engaged in hazardous work or using woodworking or other dangerous machinery will be considered on application.

**GENERAL INFORMATION AND  
SPECIAL FEATURES.**

**SELECTIVE BENEFITS**

Our Personal Accident Policy is designed to provide benefits to suit your particular requirements. A Policy may be effected for one or more of the benefits shown overleaf, which may be varied in amount at premiums proportionate to those quoted.

**AGE LIMITS**

The premium quoted apply to healthy, sober and temperate persons without physical defect or infirmity and between the ages of 16 and 60.

**MEDICAL EXAMINATION**

Medical examination is not required provided the answers given on the proposal are satisfactory.

**AVIATION**

The policy covers (without additional charge) travel as a fare-paying passenger in a fully licensed standard type of aircraft operated by a recognised air line on a regular route or in a fully licensed standard type multi-engine aircraft operated by a recognised Air Chartered Company.

**EXCLUSIONS**

The standard form of Policy does not cover accidents caused by use of a motor cycle or motor scooter, yachting, hunting, rugby, football, or power-driven wood-working machinery.

All Policies exclude Death or Disablement arising from mountaineering, winter sports, ice hockey, steeple chasing polo, or racing of any kind, war and kindred risks, flying (except as stated above), suicide or intentional self-injury.