

PROPOSAL FORM

CARRIERS' AND WAREHOUSEMEN'S LIABILITY INSURANCE

NOTICE: - Pursuant to, Section 129 of the recently ammended Financial Institutions Act of Uganda, you are to take reasonable care not to make a misrepresentation when answering any questions in the proposal form or in any request made by the

Company before the policy is issued, varied or renewed. In addition, you are also required to take reasonable care to disclose to the Company any matter that you know to be relevant to the decision of the Company on whether to accept this proposal or not and the rates and terms to be applied and this duty to exercise utmost good faith is extended to all your dealings with the Company after the policy has been issued, varied or renewed including the making of a claim.

*Please read the important notice before completing this proposal form and/or insist that the agent gives you a full and detailed explanation of the notes mentioned in the **IMPORTANT NOTICE**.*

1. Name of Proposer			
2. Company No.			
3. If GST registered, please provide no.			
4. Address	Postcode:		
5. Business, Trade or Occupation of Proposer			
6. Date Business established			
7. Period of Insurance	From	To	
Please fill up information for Carriers' Liability Insurance and Warehousemen's Liability Insurance separately.			
For Carriers' Liability Insurance			
1. Types of goods handled:			
2. Will the goods be carried by			
(a) Your own vehicles YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, state number of vehicles _____			
(b) Contract Hire vehicles YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, state number of vehicles _____			
(c) Other vehicles YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please detail below			
3. Is any hazardous cargo handled? If YES, please give particulars (Please note that explosive, inflammable, brittle and precious items of high value are excluded.)			
4. Territorial Limit of Operation			
5. Limit of Liability required	Any one conveyance		RM
	Annual aggregate		RM
6. Excess (amount of loss you are prepared to bear by yourself)			

7.	Will all vehicles <i>ALWAYS</i> be secured in locked garages or other lock buildings when left loaded overnights. If NO, please give full details	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8.	Do any of the vehicles have special security devices or protection fitted? If YES, give full details of any alarm, immobilized or special locks/bolts	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9.	Annual Gross Receipt as a Carrier		
	a. Last financial year (as confirmed by your auditor) _____		
	b. Estimate for current financial year _____		
	c. Estimate for next financial year _____		
<i>For Warehousemen's Liability Insurance</i>			
1.	Details of warehouse(s):		
	a. Name(s)		
	b. Location(s)		
	c. Fire protection		
	d. Security arrangements		
	e. Burglar protections		
	f. Is premise(s) located in flood prone area? If YES, please give details	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	g. Type of construction (wall/roof)		
	h. Condition of repair		
	i. Rented or owned or sole occupier		
2.	Type of goods stored		
3.	Limit of Liability required		
4.	Excess (amount of loss you are prepared to bear by yourself)		

5. Details of cold storage facilities:											
a. Area											
b. Type of refrigerant											
c. Back-up facilities in event of breakdown											
d. Manufacturer of System											
e. Year manufactured											
f. Any maintenance contract								YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
6. Will all goods be stored on these Conditions? Extend copy of your Conditions of Storage.								YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
7. Annual Gross Receipt as a Warehousemen											
a. Last financial year (as confirmed by your auditor) _____											
b. Estimate for current financial year _____											
c. Estimate for next financial year _____											
OTHER INFORMATION											
1. Has any loss destruction of or damage to goods happened during the last five (5) years. If YES, please complete the table below. YES <input type="checkbox"/> NO <input type="checkbox"/>											
Year	No. of Vehicles / Warehouses Owned	Paid Claims						Outstanding Claims			
		Fire		Theft		Others		Number	Nature	Loss	
		No	Loss (RM)	No	Loss (RM)	No	Loss (RM)				

2. Have you been insured for the insurance now proposed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, please state the name of the Insurer and expiry date.			
3. Have they or any other Insurer			
a. declined to insure you	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
b. required special terms to insure you	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
c. cancelled or refused to renew your insurance	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
4. Do the goods include any of the following			
a. Livestock	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
b. Calculating machines	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
c. Cigarettes, Cigars, Tobacco	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
d. Non-ferrous metals (including scrap)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
e. Wines or Spirits	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
f. Watches, Clocks	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
g. Perfumes	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
h. Furs	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
i. Radio, TV, Recording or High Fidelity Apparatus	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
j. Ready made clothing	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Declaration by Proposer

I/We to the best of my/our knowledge hereby confirm that the statements contained in this proposal form are true and correct and I/we have not concealed, mis-represented or mis-stated any material fact.

I/We agree that the statements and declaration contained in this proposal form shall be the basis of the contract of insurance with the Company and are deemed to be incorporated in the contract.

The liability of the Company does not commence until the application has been accepted.

Signed _____ on _____ / 20____
at _____ (Place) _____ (Date) _____ (Month)

Signature of Proposer /
Company's Chop
