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ETHIOPIAN INSURANCE CORPORATION

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HEAD OFFICE

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ADDIS ABABA

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BURGLARY & HOUSEBREAKING PROPOSAL FORM

- 1. a) Name of Proposer (in full)
b) Address (in full) TEL.
c) Trade or Occupation
d) State interest in the property to be insured
e) Number of years established in the above address of elsewhere

DESCRIPTION OF PREMISES

Table with 2 columns: Questions (a-f) and Answer lines. Questions cover premises description, security measures, occupancy, and insurance history.

7. Has any Insurer declined to accept, or refused to renew any of your insurances, or increased your premium or required special terms, or required additional precautions to be taken? If so, state particulars and dates.	7. _____ _____ _____ _____
8. a) Do you keep books with complete record of accounts? b) If so, are these regularly entered up?	8. a) _____ b) _____
9. a) Are all valuables secured in thief resisting safes when premises are closed? b) If so, State 1) name of maker of safe and date of manufacture, 2) whether marked thief resistant or Fire resistant only, 3) where located, whether cemented into the wall or otherwise fixed. 4) length, breadth, height and weight of safe c) State the maximum value of single article left out of safe.	9. a) _____ _____ b) (1) _____ _____ (2) _____ _____ (3) _____ _____ (4) _____ c) _____ _____

PARTICULARS OF PROPERTY TO BE INSURED

BUSINESS PREMISES

DESCRIPTION OF CONTENTS	FULL VALUE	
(a) STOCK IN TRADE (all pertaining to the business above mentioned _____)		NOTE: Livestock, money, cheques, travelers' cheques or securities for money, share certificates,
(b) GOODS IN TRUST or ON COMMISSION for which the Proposer is responsible (all pertaining to the business above-mentioned _____)		bonds, promissory notes, tickets, stamps and stamp collections, coin collections, medals, business books of accounts, plans, specifications; but prints
(c) FIXTURES, FITTINGS & UTENSILS IN TRADE _____		moulds, deeds, bills of exchange, documents of title
(d) CASH in Securely Locked SAFE * _____		to goods, contracts or documents of any other kind and computer system records are not included in
(e) ANY OTHER PROPERTY _____ (Full description to be given)		this Insurance unless specifically insured by special arrangement
*Please state name of maker of safe.		

RESIDENTIAL PREMISES

**Descriptive details and identification number (wherever possible)
are required for items 3, 4, 5, 6, 11, 12, 14, 21, & 25.**

<p>1 WEARING APPAREL and Personal effects but excluding all types of articles mentioned hereunder Eth. \$ _____</p> <p>2 TRUNKS, SUIT CASES and other receptacles Eth. \$ _____</p> <p>3 JEWELLERY, PLATE, SILVERWARE and the like Eth. \$ _____</p> <p>4 CIGARETTE CASES, FOUNTAIN PENS, GOLD AND SILVER PENCILS and the like Eth. \$ _____</p> <p>5 WATCHES AND CLOCKS Eth. \$ _____</p> <p>6 CAMERAS, projectors, binoculars and the like Eth. \$ _____</p> <p>7 SPECTACLES (excluding break-age) Eth. \$ _____</p> <p>8 DENTURES Eth. \$ _____</p> <p>9 FURNITURE, carpets, camp equipment, bed and table linen and the like Eth. \$ _____</p> <p>10 CUTLERY, crockery and glass ware Eth. \$ _____</p> <p>11 GRAMOPHONES and gramophone records, tape recorders Eth. \$ _____</p> <p>12 MUSIC INSTRUMENTS Eth. \$ _____</p> <p>13 RADIO EQUIPMENT Eth. \$ _____</p>	<p>14 (a) SEWING MACHINES Eth. \$ _____ (b) TYPEWRITERS Eth. \$ _____</p> <p>15 REFRIGERATORS Eth. \$ _____</p> <p>16 PICTURES AND MIRRORS Eth. \$ _____</p> <p>17 BOOKS against total loss only (Books of special value): Eth. \$ _____</p> <p>18 STAMP COLLECTION (against total loss of collection only estimated at two-thirds of Stanley Gibbons catalogue values) Eth. \$ _____</p> <p>19 PROVISIONS, drinks, cigarettes and tobacco Eth. \$ _____</p> <p>20 GOLF SPORTS EQUIPMENT Eth. \$ _____</p> <p>21 SURVEYING INSTRUMENTS Eth. \$ _____</p> <p>22 MEDICAL AND SURGICAL INSTRUMENTS Eth. \$ _____</p> <p>23 SADDLERY Eth. \$ _____</p> <p>24 FIREARMS AND AMMUNITION Eth. \$ _____</p> <p>25 OTHER ARTICLES of exceptional value (e.g. Furs) Eth. \$ _____</p> <p>26 ANY OTHER ITEMS NOT INCLUDED ABOVE - Please specify Eth. \$ _____</p> <p>_____ Eth. \$ _____</p> <p><u>THE TOTAL SUM TO BE INSURED</u> Eth. \$ _____</p>
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No one article above (furniture and pianos excepted) shall be deemed to be of greater value than 5% of the total sum insured, unless specially mentioned	_____ _____ _____
State period cover is required and date of commencement	_____ _____

DECLARATION

I/We HEREBY DECLARE THAT the above particulars and answers are true and complete in every respect, and that no material fact has been suppressed or withheld, and I/We undertake to exercise all ordinary and reasonable precautions for the safety of the said property, and I/We further declare that if such statements and particulars are in the writing of any person other than myself/ourselves such person shall be deemed to have been my/our Agent for the purpose of filling in the same, and I/We agree that this declaration and the answers above given shall be the basis of the contract between me/us and the Corporation; and I/We further agree to accept a Policy subject to the usual conditions prescribed by the Corporation and endorsed in their Policy, and to pay the first premium thereunder

Date _____ Signature of proposer _____.

BRANCH _____

AGENT (UNDERWRITER) _____