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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

- | | |
|--|---|
| <ol style="list-style-type: none"> 2. a) Description of Premises in which the property to be insured is contained (whether in a private house, flat, apartment, shop, warehouse, factory or offices) b) Are you the sole occupier of the premises ? c) If not, what portion do you occupy ? <hr/> <ol style="list-style-type: none"> 3. a) How are the outer doors secured?
(State type of locks) b) How are the front windows on the ground floor protected? c) How are the back windows on the ground floor protected? d) Are there sky-lights? If so, how are they protected? e) Are there display windows? If so, are they protected by shutters during closing hours? f) If only a portion of the building is occupied by you, how are the doors to your rooms secured and do they contain glass panels ? <hr/> <ol style="list-style-type: none"> 4. a) Are the premises occupied by proposer at night? b) If not, is a watchman or a resident caretaker employed and where is he stationed? c) If not, is any other means of protection adopted? <hr/> <ol style="list-style-type: none"> 5. a) Have the premises or buildings been entered at any time by thieves ? b) If so, how was the access gained and what precaution have been adopted to prevent a recurrence ? <hr/> <ol style="list-style-type: none"> 6. a) Have you previously been insured against burglary? If so, give the name of the Insurer and the date of expiry of the Insurance. b) Do you hold any other policy with any Branch of the Corporation? If so, please state name of Branch. c) State the amount for which the entire contents are insured against fire and the name of the Branch. | <ol style="list-style-type: none"> 2. a) _____ b) _____ c) _____ <hr/> <ol style="list-style-type: none"> 3. a) _____ b) _____ c) _____ d) _____ e) _____ f) _____ <hr/> <ol style="list-style-type: none"> 4. a) _____ b) _____ c) _____ <hr/> <ol style="list-style-type: none"> 5. a) _____ b) _____ <hr/> <ol style="list-style-type: none"> 6. a) _____ b) _____ c) _____ |
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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, SILVER-WARE 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>
<p>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</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>State period cover is required and date of commencement</p>	<p>_____</p> <p>_____</p>

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) _____