



የኢትዮጵያ መድን ድርጅት

ETHIOPIAN INSURANCE CORPORATION

ዋናው መሥሪያ ቤት  
HEAD OFFICE

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ADDIS ABABA

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Cable Address

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Website

PROPOSAL FORM  
FOR  
PRODUCT LIABILITY INSURANCE

1. Particulars of Proposer.

(i) Name of Proposer (in full).

Postal Address (ii) P.O.Box  Town/City

(iii) Tel.  Fax

(iv) Profession or Occupation  
(nature of Business)

(v) Period of insurance. from:            day            month            year  
                          
To:                                   

2. Describe briefly the nature of business you are engaged in.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How long have you been established in this type of Business?

4. Does your Business involve:

(i) Manufacturing             (v) Retailing

(ii) Processing             (vi) Assembling

(iii) Packaging             (vii) Importing

(iv) Wholesaling

(viii) Other

**5. Particulars of Insurance:**

(i) Have you ever been insured for this type of cover?

Yes  No

If yes please give name of insurers

(ii) Are you currently insured for the type of cover

proposed? Yes  No

If yes please give name of insurers

(iii) Has any office of insurance company ever

(a) Cancelled your Policy? Yes  No

(b) Declined to insure you? Yes  No

(c) Refused to renew your Policy Yes  No

(d) Imposed any special terms? Yes  No

(e) Repudiated any claim Yes  No

If the answer to any of the above questions is yes

Please give details.

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**6. Claims Experience**

1. Has any claim been lodged against you in connection with any product sold, supplied or manufactured by you?

Yes  No

If yes give details of all claims against you (over as long a period as possible)

Year	Name of Product	Nature of Claim	Amount Claimed

**7. Do you operate a research and development department.**

Yes  No

If yes, please specify details and qualifications of the personnel including design team.

Name	Qualification	Position

**8. Specify any products manufactured, sold or used as a raw material for manufacture of finished goods which are inflammable, explosive, poisonous, radioactive or in any way dangerous.**

Description of product	Name of product	If not manufactured by you name of manufacturer	Estimated annual turnover	Whether cover required of not

**9. Do you keep records of the sources of supply of goods and materials which you handle or use? Yes  No**

**10. Are directions for use of the product given by:**

(a) printing on the container or product? Yes  No

(b) separate leaflet or brochure? Yes  No

**11. Do you enter into any agreement or undertaking to indemnify supplies of materials or components or sub-contractors or processors in respect of any injury or damage?**

If so, please attach wordings.

**12. Do you issue any written guarantee or conditions of sale with or in respect of any of your products? Yes  No**

If so please supply wordings.

13. Describe the type of containers used for packaging of finished products.

Type of container	Purpose used for (item packed)	If not manufactured by you Name of manufacturer

14. If any of your products are assembled by another firm (or persons) or if your products incorporate parts manufactured elsewhere, please give details below.

Name of product assembled or incorporated	Name of supplier	Purpose used for	Estimated annual sales/purchases

15. If any of your products, raw materials or components are manufactured abroad, give details as under.

Name of product, raw material or component	Name of supplier	Country	Purpose used for	Estimated annual purchases

16. Are any products manufactured, sold or supplied by you used in connection with the aviation industry or for aerial devices?

Yes  No

If so give details below

Name of product or component	Purpose used for


17. Give details of products or components which are supplied or distributed outside the country.

Name of product or component	Distributed through (Name of Agent/Distributor/etc)	Countries supplied or distributed to	Estimated annual turnover in each country

18. Give details of all products manufactured by you which are used as raw materials or components by other companies.

Name of product or component	Purpose used for	Name of companies which use the product

19. Give details of all products dealt with you and state whether you require cover for the product under this Policy.

Description of product	Name of product	If not manufactured by you name of manufacturer	Estimated annual Turnover	Whether cover required or not

State your estimated total annual turnover in respect of products Which you require cover.

20. Limit of indemnity required in respect of:
- Any one claim Birr .....
  - All claims arising out of any one event Birr .....
  - All claims during any one period of insurance Birr.....

**Note:** For all products concerned in this inquiry it is essential that descriptive leaflets or brochures, specimen, labels, guarantee and conditions of sale are attached to this proposal.

I/We hereby declare that the statements made by Me/us in the proposal form are complete and true in every detail and I/We agree that this proposal shall form the basis of the contract between Me/Us and the Ethiopian Insurance Corporation for this class of business.

Date of Proposal

Signature and stamp of Proposer

- N.B**
1. The Liability of the Corporation does not commence until the proposal has been accepted.
  2. The insured shall as soon as possible give to the Corporation full particulars in writing or any material increase in the risk.