



የኢትዮጵያ መደን ድርጅት
ETHIOPIAN INSURANCE CORPORATION

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HEAD OFFICE

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ADDIS ABABA

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PROPOSAL FOR WORKMEN'S COLLECTIVE INSURANCE

| |
|---|
| Employer's Name in Full _____ |
| P.O.Box _____ TEL. No. _____ |
| Address at which workers are to be working _____ Higher _____ Kebele & House No. _____ |
| Nature and particulars of Work, Trade or Business to which this Insurance is to apply _____ |

SCHEDULE; All workers must be included

| Description of Workers | Estimated No. | Estimated Ann. Earnings | (For Office Use Only) | |
|--|---------------|-------------------------|-----------------------|---------|
| | | | Rate per cent | Premium |
| (a) Clerical Staff | | | | |
| (b) Workers engaged with Woodworking Machinery and Machine Operators | | | | |
| (c) Workers engaged with Machinery other than Woodworking Machinery (Machinists and Workers) | | | | |
| (d) All other workers | | | | |

| | |
|---|--|
| 1. Will your workers use any woodworking machinery or other machinery driven by mechanical power? If so, state full particulars | |
| 2. Will the machinery, plant, works and ways be properly fenced and guarded and otherwise maintained in good order and condition? | |
| 3. Will the (a) boilers, steam containers and other pressure vessels, (b) lifts hoists and cranes be regularly inspected ? If so, by whom ? | |
| 4. What acids, gases, chemicals, explosives or dangerous substances will be used and to what extent ? | |
| 5. Will you handle or use radioisotopes, radioactive substances or other sources of ionizing radiations ? | |
| 6. (a) Will you manufacture, dress, handle or use asbestos or materials containing silica ? (b) Have a foundry? | |
| 7. Are your workmen transported in Vehicles belonging to you or under your control or hired by you for such purpose? If the reply is "yes" please state (a) If seating accommodations are provided ? and (b) the maximum number of seats in each vehicle ? | |
| 8. (a) Are you at present insured or have you ever proposed cover for your liability to your workers ? If so, state name of insurers (c) Has any insurer ever (i) Declined your proposal? (ii) Refused to renew your policy? (iii) Cancelled your policy? (iv) Required an increased premium or imposed special conditions? | |

9. State amount of wages paid and give particulars of accidents to your workers incidental to their occupation during the past three years.

| YEAR | WAGES | 1. Fatal | | 2. Permanent Disablement | | 3. Temporary Disablement only | |
|------|-------|----------|---------|--------------------------|---------|-------------------------------|---------|
| | | No. | Details | No. | Details | No. | Details |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

10. Stat period of cover required and date of commencement _____

I/We the undersigned, this _____ day of _____ 20 _____ desire to effect an insurance in the terms of the policy to be issued by the Corporation, as above mentioned. I/We agree to render, at the end of each period of insurance, a statement in the form required by the Corporation of all wages salaries and other earnings actually paid and to pay premium on any amount in excess of the amount estimated above, I/We hereby declare that all the above statements and particulars, which I/We have read over and checked are true, that I/We have not suppressed, misrepresented or mis-stated any material fact, that I/We have fairly estimated my/our total expenditure on wages, salaries and other earnings and I/We agree that this declaration shall be the basis of the contract between me/us and the Corporation.

Date _____

Signature _____