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ETHIOPIAN INSURANCE CORPORATION

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HEAD OFFICE

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ADDIS ABABA

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Main Branch/Branch

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Plate Glass Insurance Proposal Form

1. Name of Proposer in full.....

2. Address..... City..... Woreda..... Kebele..... House No.....

Tel. No..... P.O.Box No.....

3. Address of premises in which glass is contained?
.....

4. What Business is carried on in the premises in which glass is contained?
.....

5. Is any of the Glass to be insured cracked or otherwise damaged? If so, Particulars should be given.
.....

6. State the kind of Shutters used to protect windows.....

7. Are any of the squares of Glass movable?.....

8. What breakage have occurred during the last twelve months, and from what causes?.....

9. Is the exposed to any special risk? If so, particulars should be given.....

10. Are the premises empty?

11. Is the woodwork of the shop front, and the window frames in good and sound condition?
.....

12. Has any Insurer insuring against breakage of Glass, declined a Proposal from you or declined to renew its Policy or demanded an increased/rate for renewal? If so, particulars should be given.
.....
.....

13. Has the risk been previously insured? If so, with which Insurer?
.....

14. (a) Are you insured against fire?.....
(b) If so, for what sum?

(c) Name of office and if with this Branch the number of the policy,

N.B. If the proposer insures against fire with the Corporation the Glass breakage policy can be made renewable on the same day, and both premiums included in one payment.

EXTENTIONS OF COVER

15. Is it desired to cover the cost of painting, lettering or other ornamentation on the glass? If so give details and the respective values.

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.....

16. Is cover required in respect of :-

- (a) Accidental breakage of Neon Signs? If so, state the number, position and value of each (a).....
- (b) Damage to the Window Frames of the Shop front?..... (b).....
- (c) Accidental breakage of Fluorescent lighting fitments (other than tubes) and Electric Light Bowels? If so give the number and value. (c).....
- (d) Damage to window displays by impact or falling glass? If so, state the maximum value of any display and the highest value of any one item. (d).....

SCHEDULE OF GLASS TO BE INSURED

Position of the Glass to be insured, whether in the shop Front, Return Door, Fanlight or Inside Shop	Number of Squares or Panes	Is the Glass Plate or Sheet or Leaded Lights and is it Plain, Silvered, Embossed Bent, Stained, Lettered or Ornamented Armoured or Toughened?	Size of each Square or Pane in inches		Size of each Square or Pane Super Feet	Value	Premium
			Height	Width			

Note – In the event of breakage the loss is assessed as for plain glass, unless the contrary is expressly stated in the policy.

I desire to effect an insurance as set forth above, and warrant that the above statements are true and complete. I agree that this Proposal shall be taken as the basis of the proposed contract between me and the Corporation, and I am willing to accept a policy in the corporation’s usual form for the class of insurance.

Date.....

Signature.....

MAIN BRANCH/BRANCH.....AGENT/UNDERWRITER.....