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ETHIOPIAN INSURANCE CORPORATION

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HEAD OFFICE

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ADDIS ABABA

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PROFESSIONAL INDEMNITY

Proposal Form

*For Insurance Brokers
And Insurance Agents*

1. PLEASE ANSWER ALL QUESTIONS LEAVING NO BLANK SPACES.
2. IF YOU HAVE INSUFFICIENT SPACE TO COMPLETE ANY OF YOUR ANSWERS PLEASE CONTINUE ON YOUR HEADED PAPER. (SEPARATE SHEET FOR NATURAL PERSONS)

THIS IS AN APPLICATION FOR A POLICY WHICH IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD.

1. Names and address(es) of the proposer or companies or partnerships or firms

Name In Full _____
 Address: City _____ Woreda _____ House No. _____
 P.O.Box _____ Telephone _____ Fax _____
 License number _____ issue date _____ Expiry date _____

2. Name(s) of principal(s)

3. Name(s) under which the business/practice is conducted

Date Established

4. Address of principal office

Name and Address of all other offices

5. a) Please give details of name changes amalgamation and take overs in the last six years.

b) Please give details of any prospective changes planned in the next twelve months.

Interests in or of other organization/firms

Where the proposer or any partner/director or combination of partners/Directors hold a financial or executive interest in another organization or firm on behalf of or to whom services and/or advice are supplied indemnity will be restricted to claims emanating from independent third parties. Conversely, where any other organization firm/entity has an interest in the Firm(s) proposed, please supply details so that your indemnity may be appropriately structured to your requirements

c) If the proposer or firm supplies services and/ or advice to any other organization in which any member of the firm holds a financial and/or executive interest.

Please list: name of organization nature of interest, shareholding% (if applicable) Services and/or advice supplied.

d) If any other organization has a financial and/or executive interest in the activities of the proposer or firm(s) proposed to be covered by this insurance please give details.

6. Proposer, partners, Directors and/or Principal(s)
Please give the following details

Name	Age	Qualifications	Date qualified	State capacity and number of years in this capacity in this business practice	
				Capacity	Years

<p>7. Please state number of:-</p> <p>(a) Partners or Directors-</p> <p>(b) Total staff other than typists and messengers-</p> <p>(c) Typists and messengers-</p> <p>in each of the Firms and Offices stated in answer to Questions 1 and 2</p>	<p>Numbers</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>8. Do you act as</p> <p>(a) An Insurance Broker-</p> <p>(b) An Agent of Insurance Companies-</p>	<p>Yes No</p> <p>Yes No</p>
<p>9. Are you engaged in any activities other than those stated in Question 8? If 'yes' Please give details:-</p>	<p>Yes No</p>
<p>10. Do you have the authority to accept/bind risks on behalf of any company? If the answer is YES please complete the supplementary questionnaire.</p>	<p>Yes No</p>

11. During the last financial year what was your

a) The total premium income

Br.

b) The total gross commission

Br.

12. Please indicate the categories of business which you handle and the Percentage of each relative to your total premium income:-

Direct Business and Facultative Reinsurance

Treaty Reinsurance

(a) Non-Marine%

.....%

(b) Marine%

..... %

(c) Motor %

..... %

(d) Aviation %

..... %

(e) Life and pensions%

..... %

(f) Mortgage Broking %

..... %

(g) Others (Please specify)

..... %

..... %

13. What percentage of your premium income was derived from:-

(a) Own country?

_____ %

(b) Elsewhere (if more than 10% please specify each country and percentage)?

_____ %

14. Do you own, rent or utilize computers?

If 'YES' please give brief details

Yes No

15. Have you previously been insured

If 'YES' please specify

Yes No

Insurer	Policy Period	Limit of Indemnity	Amount of Self-Insurance Each Claim

We must remind you that it is IMPERATIVE to answer questions 16 and 17 Correctly: failure to do so could PREJUDICE YOUR RIGHTS if subsequently a Claim should be made.

16. Has any application for similar insurance made on behalf of your or any of your Present Partners or Directors or on behalf of your predecessors in business ever been

- (a) declined?**
- (b) Cancelled?**
- (c) Refused at renewal?**
- (d) Made the subject of specially imposed terms?**

Yes	No
Yes	No
Yes	No
Yes	No

If any answer is YES please give full details.

17. Have any claims been made against:-

- (a) you?**
- (b) your predecessors in business?**
- (c) any of the present or past partners or Directors of the Firm or their predecessors in business?**

Yes	No
Yes	No
Yes	No

If any answer is YES please give details

18. Is any partner or principal aware, after enquiry, of any circumstances which may result in any claim being made against:-

- (a) the proposer or the Firm?**
- (b) their predecessors in business?**
- (c) any of the present or past Partners or Directors of the Firm or their predecessors in business?**

Yes	No
Yes	No
Yes	No

If any answer is YES please give details

The answer to this question is important and care should be taken in answering

19. Please state indemnity required

- (a) Limit anyone claim** **Br.**
- (b) Limit in the annual aggregate** **Br.**
- (c) Deductible each and every claim to be borne by you** **Br.**

I/We HERE BY DECLARE that the above statements and particulars are true and that I/WE have not suppressed or misstated any material facts and I/WE agree that this proposal Form and any supplementary information sheet(s) attached here to shall be the basis of the contract with the Corporation.

Name

Signature Date

N.B. This Proposal Form and any supplementary information sheets must be signed in ink by Proposer. Signing the Form does not bind the Proposer or the Corporation to complete This Insurance.