

THIRD PARTY RISKS INSURANCE PROPOSAL FORM

- 1) Name of Proposer _____ Age _____
- 2) Address:
- a) Business Address:- sub- city _____ Wereda _____ Kebele _____ H.No. _____
e-mail _____ Fax No. _____ P.O.Box _____ Tel. No. _____
- b) Residential Address:- sub- city _____ Wereda _____ Kebele _____
H.No. _____ P.O.Box _____ Tel. No. _____
- 3) Occupation _____
- 4) Period of Insurance: From _____ to _____
- 5) PARTICULARS OF MOTOR VEHICLES TO BE INSURED

Plate No.	Chassis No	Engine No	Make and Model of vehicle	Type of body*	Horse Power or Cylinder Capacity (C.C)	Carrying Capacity	
						Goods	Passengers Excluding Driver & Assistant Driver

* Type of body refers to whether the vehicle is Automobile, S/W or L/C, Mini bus, Bus, P/up, Truck, Tipper, Tanker etc

6) Type and use of vehicle:

6.1. Will the vehicles be used solely for private purposes (i.e. Social, domestic, pleasure, professional purpose or business calls)? _____

6.2. If not, please indicate any of the following use:

- Own Goods General Cartage Taxi Learner
 Own Service Public Service Motor Cycle Three Wheelers
 Car Hire /Tour Operation Special vehicles** _____

** Special vehicles comprise Construction, Agricultural, Horticulture, Livestock raising and other type of vehicles (but it does not include vehicles used in the transportation of persons or goods)

6.3. For Motor Cycle/ Three Wheelers state use as private or commercial _____

6.4. For Car Hire/ Tour Operators state if professional or self drive is used _____

7) Do you wish cover for a named or any Driver? (if named state) _____

8) Do you need cover for Medical Expense above Emergency Medical Treatment limit of Birr 2,000.00 (Yes/No) If yes specify limit Birr (15,000.00/20,000/30,000/40,000) _____

DECLARATION: I the undersigned declare that the vehicle(s) described is (are) in good condition and will continue to be so maintained and I hereby warrant that the above statement and particulars are correct and complete to the best of my knowledge and belief and I hereby agree that the declaration shall be deemed to be the basis of the contract between me and the Company and that I have not withheld any important information which should be communicated to the Company and that I am willing to accept a policy subject to the terms conditions and exceptions therein and to pay the premium agreed upon.

Date _____ Signature of Proposer _____

Branch _____ Underwriter _____