



ዘመን ኢንሹራንስ አክሲዮን ማህበር
Zemen Insurance Share Company

የኛ ማዕከላዊ ቤት:- ኦዲስ አበባ, ኢትዮጵያ ዘ/ከተማ:- ቦሌ ጠረፍ:-
Head Office:- Addis Ababa, Ethiopia Sub City:- Bole, Wereda:- 02
የአም ሆገዶ 2ኛ ፎቅ የሜ.ግ.ቀጥር:- ፋክስ:-
Alem Building 2nd Floor P.O.Box:- 23029 Fax:- 0116150001
ኢ-ሜይል ስልክ:- 0115575850
Email:- info@zemeninsuranceeth.com Tel:- 0116151415

PROPOSAL FOR WORKMEN'S COMPENSATION INSURANCE

1. Employer's Name in full; -----

Address: -----

2. Address at which workers are to be working:

City: ----- Sub-City:-----Kebele: -----H.No.:-----P.O. Box:----- Tel.: -----

3. Nature and particulars of work, Trade or Business to which this Insurance is to apply:---

4. Will your workers use any woodworking machinery or other machinery driven by mechanical power? If so, state full particulars-----

5. Will the machinery, plant, works and ways be properly fenced and guarded and otherwise maintained in good order and condition?-----

6. Will the

(a) Boilers, steam containers and other pressure vessels,

(b) Lifts hoists and cranes be regularly inspected?

If so, by whom? -----

7. What acids, gases, chemicals, explosives or dangerous substances will be used and to what extent?

8 Will you handle or use radioisotopes, radioactive substances or other sources of ionizing radiations?

9 (a) Will you manufacture, dress, handle or use asbestos or material containing silica?

(b) Have a foundry? -----

10. 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?

Technicians

11. (a) Are you at present insured or have you ever proposed cover for your liability to your workers? If so, state name of Insurers -----

- (b) Has any insurer ever yes No
- (i) Declined your proposal?
- (ii) Refused to renew your policy?
- (iii) Canceled your policy?
- (iv) Required an increased premium or imposed special conditions?

12. State amount of wages paid and give particulars of your workers incidental to their Occupation during.

Year	Wages	1. Fatal		2. Permanent Disablement		3. Temporary Disablement only	
		No.	Details	No.	Details	No.	Details
01							
02							
03							

13 State Current wages of workers as described below - all workers must be included.

Description of Workers	Estimated No.	Estimated Annual Earning	(For Office Use Only)	
			Rate Percent	Premium
(a) Clerical and administrative staffs				
(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 (Specify)				

14. State Period of cover required: From -----To -----

Declaration

I/We the undersigned desire to effect on insurance in the terms of the policy to be issued by the Company, as above mentioned. I/We agree to render, at the end of each period of insurance, a statement in the form required by the Company 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 Company.

Proposer's signature-----

Underwriter's decision -----

Date -----

Agent/Broker -----