



**ሕንበሳ ኢንሹራንስ ኩባንያ (አ.ማ.)**  
**LION INSURANCE COMPANY (S.C.)**

☎: 251 - 116 - 187000  
 Fax: 251 - 116 - 632940  
 Head office, Comet Building, Haile G/Selassie Street.

P.O.Box 26281/1000  
 Addis Ababa

**MARINE DECLARATION FORM**

From: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_  
 Ref. No. \_\_\_\_\_

**MARINE OPEN COVER NO. (if any)**

*Please insure the following and let us have your policy/certificate in due course*

- 1 Name of Insured: \_\_\_\_\_  
 \_\_\_\_\_
- 2 Proforma Invoice No and Date.: \_\_\_\_\_
- 3 Proforma Value (in other currency): \_\_\_\_\_
- 4 Exchange Rate: \_\_\_\_\_
- 5 Amount of Insurance (Birr): \_\_\_\_\_
- 6 Quantity: \_\_\_\_\_
- 7 Description of Goods: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 8 Mode of Packing: \_\_\_\_\_
- 9 Voyage: From \_\_\_\_\_ to \_\_\_\_\_
- 10 Name of Vessel \_\_\_\_\_
- 11 Cover required: \_\_\_\_\_  
 \_\_\_\_\_
- 12 Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Yours faithfully,*

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Seal of the company (if any)



**እንበላ ኢንሹራንስ ኩባንያ (አ.ማ.)**  
**LION INSURANCE COMPANY (S.C.)**

☎: 251 - 116 - 187000  
 Fax: 251 - 116 - 632940  
 Head office, Comet Building, Haile G/Selassie Street.

P.O.Box 26281/1000  
 Addis Ababa

**GOODS IN TRANSIT (ROAD RISK) INSURANCE PROPOSAL FORM**

From: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_  
 Ref. No. \_\_\_\_\_

*Please insure the following and let us have your policy/certificate in due course*

1. Name of Insured: \_\_\_\_\_  
 \_\_\_\_\_
2. Total Sum Insured: Birr \_\_\_\_\_
3. Quantity: \_\_\_\_\_
4. Description of Goods: \_\_\_\_\_  
 \_\_\_\_\_
5. Marks & Nos: \_\_\_\_\_  
 \_\_\_\_\_
6. Packing: \_\_\_\_\_
7. Voyage: From \_\_\_\_\_ to \_\_\_\_\_
8. Maximum Sum Insured Per Truck/Trailer:
 

|                             |            |           |             |
|-----------------------------|------------|-----------|-------------|
| i. Insured's Own Conveyance | Yes: _____ | No: _____ | Birr: _____ |
| ii. By Hired Conveyance     | Yes: _____ | No: _____ | Birr: _____ |
| iii. Truck (s) - Plate No.  | _____      | _____     | _____       |
| iv. Trailer (s) - Plate No. | _____      | _____     | _____       |
9. Will there be any transshipment? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 If so, where \_\_\_\_\_
10. Remarks: **Payment made on Monthly basses** \_\_\_\_\_

*Yours faithfully,*  
 Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Seal of the company (if any)

Position: \_\_\_\_\_



**እንበላ ኢንሹራንስ ኩባንያ (አ.ማ.)**  
**LION INSURANCE COMPANY (S.C.)**

☎: 251 - 116 - 632936/47

Fax: 251 - 116 - 632940

Head office, Comet Building, Haile G/Selassie Street.

P.O.Box 26281/1000

Addis Ababa

**MARINE DECLARATION FORM**

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Ref. No. \_\_\_\_\_

**MARINE OPEN COVER NO. (if any)**

*Please insure the following and let us have your policy/certificate in due course*

- 1 Name of Insured: \_\_\_\_\_  
\_\_\_\_\_
- 2 Proforma Invoice No and Date.: \_\_\_\_\_
- 3 Proforma Value (in other currency): \_\_\_\_\_
- 4 Exchange Rate: \_\_\_\_\_
- 5 Amount of Insurance (Birr) \_\_\_\_\_
- 6 Quantity: \_\_\_\_\_
- 7 Description of Goods: \_\_\_\_\_  
\_\_\_\_\_
- 8 Mode of Packing: \_\_\_\_\_
- 9 Voyage: From \_\_\_\_\_ to \_\_\_\_\_ Via \_\_\_\_\_
- 10 Name of Vessel : \_\_\_\_\_
- 11 Cover required: \_\_\_\_\_
- 12 Remarks: \_\_\_\_\_  
\_\_\_\_\_

*Yours faithfully,*

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Seal of the company (if any)

