



አንበሳ 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

PERSONAL ACCIDENT PROPOSAL FORM

Name _____

Address _____

Age _____

Profession or Occupation _____

Height _____

(IF MORE THAN ONE OCCUPATION STATE ALL)

Weight _____

State whether:

- a) Employer or Employee
- b) Superintending working manually
- c) Machinery.

1. Have you ever been declined, postponed or accepted on special terms for Life, Accident, or has any insurer cancelled, declined to renew or varied the benefits or conditions of any such insurance? If so, give name of insurers, their reason for doing so and when -----

2. State name of insurers with whom you are at present or have been in the past insured against accidents? -----

If so, for what Capital Amounts and monthly benefits? -----

Does your average monthly income exceed the monthly indemnity under all policies you carried, including that now applied for? -----

3. Have you ever met with an accident or made a claim against any Company in respect of Accidents?

4. Is your sight or hearing defective? -----

5. Do you engage in big and/or small game: Hunting, Polo, Motor Cycling (As Driver and/or passenger) Mountaineering, Winter Sports or Riding in any kind of Race?-----

-----If so, state whether cover is required? -----

6. Do you intend to Travel Abroad? -----

-----If so, where and number of journeys during the course of a year? -----Do you anticipate Traveling by Air? If so, please indicate probable Number of Journeys during the course of a year by

a) Regular Airlines (a) -----

b) Multi-Engine Charter Aircraft (b) -----

Do you intend to Fly as a Pilot, Co-pilot or Crew Member? If so, give full details -----

7. Do you intend to pursue any occupation or profession or any sport or partime not mentioned above rendering you more than usually liable to accident? -----

Benefits Selected

Amount Brr

I. Death

II. Permanent Total Disablement

III. Temporary Total Disablement By accident per month

IV. Temporary Partial Disablement By accident per month

V. Medical expenses

Additional Benefit (World Wide Cover, Sports, etc.)

Total Brr

In respect to, Temporary Total or Partial Disablement, do you wish to exclude the first one-month of such Disablement?

I declare that to the best of my knowledge and belief all the foregoing statements and particulars are true, and I agree that this proposal shall be the basis of a contract of insurance to be expressed in the usual terms of the policy issued by the Lion Insurance Company (S.C.)

Date _____

Proposer's Signature _____

Producer _____

Underwriter _____