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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

PUBLIC LIABILITY PROPOSAL FORM

1. Name of Proposer:
 Address..... Tel.

2. a) Trade or business (a)
 b) Give general description of operations claimed on by you (b)
 c) No. of years established (c)

3. (a) Address of all premises Description of premises If you do not occupy
 or sites from which the (i.e. shop, office, factory) the whole of the
 Business is to be conducted premises, state which
 Floors or Parts you occupy

- (b) State
 (i) at what other places, if any, (i) -----
 Your workers will be engaged
 (ii) the nature of their work (ii) -----

- (c) State
 (i) at what places, if any, you expect (i) -----
 to employ contractors or sub-contractors
 (ii) the nature of their work (ii) -----

- (d) Have you to the best of your knowledge and (d) -----
 belief accepted under a contract or agreement -----
 liability, which you would not otherwise be under?
- (e) Are the premises, plant and machinery (e) -----
 in sound condition and will they be kept in -----
 good repair
- (f) Give full particulars of all Machinery used (f) -----

4. Do you use or store and will you be using or 4. -----
 Storing acids, gases, explosives, or radioactive -----
 or other hazardous substances? If so, give particulars -----

5. a) Are you at present or have you ever proposed for or insured against public liability risks? If so, give particulars. 5. a) -----

b) Has any insurer ever declined your proposal, refused to renew or cancelled your policy or required an increased premium or imposed special conditions? If yes, give name of insurers and details b) -----

6. Give particulars of all claims made against you during The past three years, whether or not any payment has been made 6. -----

7. State amount of Insurance required In respect of any one accident 7. -----

<p>8. a) State number of workers and amount of their wages etc. during the past twelve months and give estimated figures for the next twelve months.</p> <p>(i) at your premises (ii) away from your premises</p> <p>b) State how much you paid to contractors or Sub-contractors during the past twelve months in respect of works:</p> <p>(i) at your premises (ii) away from your premises</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th colspan="2">No. of workers Wages, Salaries and</th> <th colspan="2">Other earnings</th> </tr> <tr> <th>Past 12 Months</th> <th>Next 12 Months</th> <th>Past 12 Months</th> <th>Next 12 Months</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <table border="1" style="width: 50%; margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <tr> <th>Past 12 Months</th> <th>Next 12 Months</th> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	No. of workers Wages, Salaries and		Other earnings		Past 12 Months	Next 12 Months	Past 12 Months	Next 12 Months									Past 12 Months	Next 12 Months				
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9. If Cover is required in respect of:

a) power-operated Lifts, Hoists or Cranes

Number	Maximum Lifting Capacity	Whether over public Thorough Fares	Number of Floors Served	Whether passengers or Goods

b) Mechanically propelled plant, please give description and numbers b) -----

C) Poisoning arising from food or drinks consumed on the premises, please give details including seating capacity c) -----

d) Car parks, please give details and capacity d) -- -----

10. Have you undertaken to work on any ship, vessel, craft or aircraft, nuclear or atomic plant? If so, please give details. 10. -----

11. Please state any special features of the risk not already mentioned. 11. -----

12. State period cover is required and date of commencement. 12. -----

I/We declare that all the foregoing statement and particulars are true and I/We agree that this proposal and declaration shall be the basis of the contract of insurance expressed in the usual terms of the policy issued by the Company.

Date _____

Proposer's Signature _____

Producer _____

Underwriter _____