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THE UNITED INSURANCE COMPANY SC

Tewodros Square <UNIC-ETHIOPIA> BLDG

Sub City: Arada, Woreda 01, House No 220

E-mail: united.insurance@ethionet.et, Addis Ababa, Ethiopia

**PERSONAL ACCIDENT PROPOSAL**

**Proposer's Name  
and Address  
Profession or  
Occupation**

**Trade/Business  
and Address**

**Period of Insurance** \_\_\_\_\_ **to midnight of** \_\_\_\_\_

**IF MORE THAN ONE OCCUPATION STATE ALL**

*Employer Administrative Executive or Clerical only superintending Nature of duties*

*Employee and working-superintending and occasionally working (Delete Descriptions not Applicable) working with/without Machinery*

*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 so doing and when.*

*State Name of other 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 carried by you, including that now applied for?*

*Have you ever met with an accident or made a claim against any Insurer in respect of Accident?*

*Is your sight or hearing defective?*

*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?*

*Do you intend to Travel Aboard?  
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  
(b) Multi-Engined Charter air Craft  
Do you intend to fly as a pilot, Co-pilot or Crew Member? If so give all details.*

Do you intend to pursue any occupation or profession or any Sport or pastime not mentioned above rendering you more than usually liable to accident?

<b>Benefits selected</b>	<b>Amount E Br</b>	<b>Premium E Br</b>
<i>Benefits I. Death</i> <i>Benefits II. Permanent Total Disablement</i> <i>Benefits III. Permanent Partial Disablement</i> <i>Benefits IV. Temporary Total Disablement</i> <i>Benefits V. Medical Expense due to Accident</i> <i>Additional Benefits (World Wide Cover, Sports etc)</i>  <b>Total E Br</b>		

**Date:**

**Signature:**

**Producer:**

**Underwriter**