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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

PROFESSIONAL INDEMNITY PROPOSAL FORM

- PLEASE NOTE:**
- a) each question must be answered in full.
 - b) if space provided is insufficient, insert "see attached" and show question number and answer on a separate sheet of paper

THIS IS AN APPLICATION FOR A POLICY WRITTEN ON "CLAIMS MADE" BASIS.

1. Names and address of Proposer:

2. Brief description of occupation/Profession:

3. Date established and License No.:

4. Names, ages, qualifications (if any) and experience of Partners/Directors:

5. Please state number of:

- a) staff other than typists and messengers
- b) typists and messengers

6. Names and address(es) of all

- a) Parent Companies
- b) subsidiary companies, and/or
- c) branch offices

7. Are you engaged in any activities other than those stated in question 2? If "Yes", give details

8. Has any application for similar insurance made on behalf of the proposer of any of the present Partners or Directors, or on behalf of their predecessors in business, ever been

- a) declined?
- b) cancelled?
- c) refused at renewal? or
- d) had special terms imposed?

If any answer is "Yes", please give details

9. Have any claims been made against

- a) the Proposer?
- b) Proposer's predecessors in business? or
- c) any of the present or past Partners of Directors, or their predecessors in business?

If any answer is "Yes", please give details

10. Is any partner or Director aware, after enquiry, of any circumstances which may result in any claim being made against

- a) the Proposer?
- b) Proposer's predecessors in business? or
- c) any of the present or past Partners or Directors, or their predecessors in business?

If any answer is "Yes", give details

11. Please state amount of indemnity required

- a) any one claim
- b) aggregate any one period
- c) amount of self-insurance to be borne by the Proposer each and every claim

I/WE HEREBY DECLARE that the above statement and particulars are true and that I/WE have not suppressed or mis-stated any material facts and I/WE agree that this Proposal form and any supplementary information sheet(s) attached hereto shall be the basis of the contract with THE UNITED INSURANCE COMPANY SC.

This Proposal Form and any supplementary information sheet(s) must be signed in ink by a Partner or Director. Signing the Form does not bind the Proposer or the Underwriters to complete the Insurance.

Signature:

Date