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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

## PUBLIC LIABILITY PROPOSAL FORM

Name & Address  
of Proposer

- a. Trade or Business
- b. General descriptions of operations carried on by you
- c. No. of year established

Address of all premises or sites  
from which the Business is to be  
conducted

Description of premises (i.e  
shop, office factory)

If you do not occupy the whole of the  
premises, state which floors or parts you  
occupy:

### COVER REQUIRED

**a. State**

- i) at what other places, if any, your worker will be engaged
- ii) the nature of their work

**b. State**

- i) at what places, if any you expect to employ contractor or subcontractor
- ii) The nature of their work

c. Have you to the best of your knowledge and belief accepted under a contract or a agreement liability which you would not otherwise be under?

d Are the premises, plant and machinery in sound condition and will they be kept in good repair?

e. Give full particulars of all machinery used.

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

a. Are you at present or have you ever proposed for or insured against public liability risks? If so, give name of Insurers and details.

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

State amount of Insurance required in respect of any one accident

a. State number of workers and amount of their wages ext. during the past twelve months and give estimated figures for the next twelve months.			No. of workers		Wages, Salaries & other earnings	
			Past 12 months	Next 12 months	Past 12 months	Next 12 months
i) in your premises						
ii) away from your premises						
b. State how much you paid to contractors or sub-contractor during the past twelve months in respect of works:			Past 12 months		Next 12 months	
i) in your premises						
ii) away from your premises						
If Covers is required in respect of: a) power-operated Lifts, Hoists or Cranes.						
Number	Maximum Lifting Capacity	Whether over public Thoroughfares	Number of Floors Served		Whether Passenger or Goods	
b. Mechanically propelled plant, please give description and numbers						
c. Poisoning arising from food or drinks consumed on the premises, please give details including seating capacity.						
d. Car parks, please give details and capacity						
Do you undertake to work on any ship, vessel, craft or aircraft, nuclear or atomic plants? if so, please give details,						
Please state any special features of the risk not already mentioned						
State period cover is required and date of commencement.						
I/We declare that all the foregoing statements and particulars are true and I/We agree that this Proposal and Declaration shall be the basic of the contract of insurance to be expressed in the usual terms, of the Policy issued.						
Date: _____			Signature: _____			
Producer: _____			Underwriter: _____			