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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

Terrorism & Political Violence Proposal Form

1. a. Applicant and all subsidiary companies to be insured under this policy:

b. Applicant's mailing address:

2. Level of cover required:

- a. Cover Requested:

Sabotage & Terrorism	Yes / No
Strikes, Riots and Civil Commotion	Yes / No
Political Violence (Excluding war/ civil war)	Yes / No
Full Political Violence	Yes / No
Terrorism Liability	Yes / No

b. _____ Total Limit

i. _____ Buildings Limit

ii. _____ Contents limit

iii. _____ Business Interruption Limit

iv. _____ Terrorism Liability Limit

3. Deductibles requested:

4.

a. Description of applicant's business operations at the locations to be insured:
(Industrial, Commercial, Residential etc).

b. Status of applicant (private company, public company, government owned):

5. Building, contents, and business interruption values at the locations to be insured:

Location	Building Value	Contents Value	Business Interruption

6. Description of area surrounding location(s) to be insured:

a. Describe occupants of surrounding buildings.

b. Is it an area known to suffer from an above average crime rate?

c. Distance from nearest police station or army post.

- 7.** Description of employees and operations at location(s) to be insured:
 - a.** Number of employees and operating hours at each location:

 - b.** Details of ethnic minorities, labour relations, and unions at each location:

 - c.** Number and location of employees in building(s) outside normal working hours:

 - d.** Are cleaning staff in-house or contract and what are their hours?

 - e.** What businesses occupy other parts of the building(s) to be insured?

- 8.** Description of security at location(s) to be insured:
 - a.** Details of guard force, number, reports to whom, recruitment, training, duties:

 - b.** Details of alarm systems, CCN etc:

 - c.** Details of key system and control:

 - d.** Details of perimeter fence and gates:

 - e.** Details of access control procedures and equipment:

f. How is the building lit (inside and outside)?

g. Who locks the building at night?

h. Details of car parking arrangements:

9. Description of past history at location(s) to be insured:

a. Give full particulars of any incidents or threats in the past 5 years.

b. Describe steps taken to deal with them and to prevent recurrence:

c. List all property loss for last 5 years:

10. Does the applicant, its directors and officers or any other known person have knowledge or information of any specific fact which may reasonably give rise to a claim under the proposed policy?

DECLARATION: I/We the undersigned propose to effect and Insurance in the terms, conditions and exceptions of the company's Policy and declare that all the above statements and particulars which I/We have read over and checked are true and that I/We have not suppressed, misrepresented or mis-stated any material fact that would prejudice the Company's decisions. I/We further declare that the Estimated wages specified above represent my/our total expenditure on Wages, Salaries and all. Other Earnings actually paid and agree to pay the applicable premium on any amount in excess of the estimated amount above. I/We agree that all the answers and statements in the proposal and this declaration shall be the basis of the contract between me/us and the Company.

Dated this _____ day of _____ 20 _____

Signature of the Proposer

Producer: _____