



ኢትዮጵያ ኢንሹራንስ ኮሚቴ

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

PROPOSAL FOR WORKMEN'S COLLECTIVE INSURANCE

**Proposer's Name
And/Address**

**Trade/Business
And/Address**

Period of Insurance _____ to midnight of _____

Nature and particulars of work, Trade or Business to which this Insurance is to apply:

**Will your workers use any woodworking machinery or other machinery driven by mechanical power?
If so, please state full particulars**

**Will the Machinery, Plant, works and ways be properly fenced and guarded for safety?
And will they be maintained in good order and will they be maintained in good order and condition**

**Will(1) boilers, steam and other pressure vessels,
(2) lifts, hoists and cranes be regularly inspected?
If so, by whom and how often?**

What acids, gases, chemicals, explosives or dangerous substances will be used and to what extent?

Do you manufacture, dress, handle or use asbestos or materials containing silica?

**Are your workmen transported in vehicles belonging to you or under your control or hired by you for such purpose?
If so, please state
(1) if seating accommodations are provided, and
(2) the maximum number of seats in each vehicle:**

Were you and are you now insured for your liability to your workers?

<i>Has any Insurer ever</i>	<i>(1) Declined your Proposal? (2) Cancelled your policy? (3) Required increased premium?</i>	<i>(4) Refused to renew your Policy? (5) Imposed special conditions?</i>
-----------------------------	---	---

Please state Wages (inclusive of Rent, Food, Commissions or other earnings) number and cost/compensation accidents to your workers incidental to their occupations during the past three years:

Year	Wages	DEATH		PERMANENT DISABLEMENT		TEMPORARY DISABLEMENT	
		No.	Details	Details	No.	No.	Details
200---							
200---							
200---							

SCHEDULE (MUST INCLUDE ALL WORKERS)

Classification of workers	Est. No.	Est. Annual Earnings	Rate	Provisional Premium	
				Amount	
<i>Administrative and Clerical staff</i>					
<i>Workers using Woodworking Machinery and Machine Operators</i>					
<i>Workers using Machinery other than Woodworking machinery</i>					
<i>Driver/s Asst. Driver/s</i>					
<i>All other workers</i>					
Total					

**It is a condition that within forty five days from the end of each period of Insurance, you will declare actual wages paid for that period and the final premium applicable to the period shall be computed on the basis of such actual wages.*

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: _____