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ETHIOPIAN INSURANCE CORPORATION

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አዲስ አበባ ADDIS ABABA

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Consequential Loss Proposal Form

Name of proposer in full

Address for Correspondence Tel. No.

Nature of Business carried on by Proposer

Addresses of all Premises occupied for the business

Maximum Indemnity Period during which compensation is to be payable after any damage months

GROSS PROFIT The amount by which (a) Turnover and Closing Stock exceeds (b) Opening Stock, Purchases, Bad Debts, Discount, Packing and Wages

Annual Figure Eth \$ Sum to be insured Eth.

Wages (all remunerations not treated in the books as salaries)

Extent of insurance required 100% for the

First weeks and % thereafter for the remainder of the Indemnity Period

Total wage roll Eth \$ Sum to be insured Eth. \$

AUDITORS FEES for producing and certifying particulars required in connection with a claim Sum to be insured on such fees Eth. \$

ADDITIONAL PERILS If your Fire Insurance Policies have been extended to insure damage by other perils and you require this insurance to include the additional perils (or any of them), please specify those to be included

EXTENSIONS OF INSURANCE TO OTHER LOCATIONS Do you wish to insure the loss resulting from destruction or damage by Perils insured against in the policy occurring

Suppliers and Processors (1) at the premises of any supplier of goods or materials or premises where your goods are processed or where other work is done for your business? If so, please give their names, addresses and trades.

Limit of insurance required in respect of any one such occurrence

Electricity and Gas (2) at any electricity station or sub- station or at the gas works of the public supply undertaking serving your premises ?

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Prevention of access (3) elsewhere than at your own premises, which prevents or hinders access to your premises, notwithstanding that your own property is not damaged?

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Contract Sites (4) at any premises where you may be carrying out a contract?

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Have you at present any Insurance covering Profits? If so, give details.....

Has any proposal made by you for insurance against Profits been declined? If so, state particulars.

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Have you ever made a claim under a Fire Policy or Profits Policy? If so, give details.....

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Name of office insuring largest amount on contents of your premises.....

State period of cover required and date of commencement

I/We the undersigned, apply for Insurance in the sum(s) Insured specified on the usual terms and conditions of your Policies, against Loss as set out above, and I/We declare that my/our books are regularly balanced and subject to an independent audit.

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Signature.....

Branch.....

Agent/Underwriter.....