



ብሔራዊ የኢትዮጵያ ኢንሹራንስ ኩባንያ
(አ.ማ)

NATIONAL INSURANCE CO.OF ETHIOPIA
(S.C)

☎661129/652535 ☒ 12645 251-1-65 06 60

WORKMEN’S COMPENSATION INSURANCE PROPOSAL
FORM

Employer’s name -----
P.O. Box ----- Tel No -----
Address at which employees are to be Working ----- -----
Trade or business to which this insurance Is to apply ----- -----

THE SCHEDULE

N.B. All employees must be included

Description of employees	Estimated No	Estimated annual earnings	Maximum annual earnings per employee	For office use only	
				Rat per cent	Premium
a) Managerial and clerical staff					
b) Employees engaged with wood working machinery and machinery operation					
c) Employees engaged with machinery other than wood working machinery					
d) All other employees					

<p>1. Will your employees use any machinery driven by mechanical power? If so setae whether</p> <p>a) Woodworking machinery</p> <p>b) Any other machinery</p>	<p>a) -----</p> <p>b) -----</p>
<p>2. Will the machinery, plant, works and ways be properly fenced and guarded and otherwise maintained in good order and conditions?</p>	<p>2. -----</p> <p>-----</p>
<p>3. Have you in your premises boilers, steam containers or other pressure vessels, lifts, hoists and cranes? If yes, are they maintained in a proper state of work and inspected frequently.</p>	<p>3. -----</p> <p>-----</p> <p>-----</p>
<p>4. What acids, gases, chemicals, explosives or dangerous substance will be used and to what extent?</p>	<p>4. -----</p> <p>-----</p>
<p>5. Will you handle or use radioisotopes, radioactive or other sources of ionizing radiations?</p>	<p>5. -----</p> <p>-----</p>
<p>6. (a) Will you manufacture, dress handle or use asbestos or materials containing silica.</p> <p>(b) Have you a foundry?</p>	<p>6.(a) -----</p> <p>-----</p> <p>(b) -----</p> <p>-----</p>
<p>7. Are your employees transported in vehicles belonging to you or under your control or hired by you for such purpose? If the reply is “yes” please state</p> <p>(a) If seating accommodations are provided? And</p> <p>(b) the maximum number of seats in each vehicle?</p>	<p>a) -----</p> <p>b) -----</p>
<p>8. (a) are you at present insured or have you every proposed cover for your liability to your complies? If so, state name of insures</p> <p>(b) the maximum number of seats in each vehicle?</p> <p>(i) Declined your proposal?</p> <p>(ii) Refused to renew your policy?</p> <p>(iii) Cancelled your policy?</p> <p>(iv) Required an increased premium or imposed special conditions?</p>	<p>8.(a) -----</p> <p>-----</p> <p>(b) (i) -----</p> <p>(ii) -----</p> <p>(iii) -----</p> <p>(iv) -----</p>

9. State period of cover required and date of commencement -----

I/ We the undersigned, this ----- day of -----19----- desire to effect an insurance in the terms of the policy to be issued by the company as above mentioned. I/We agree to render, at the end of each period of insurance, a statement in the form required by the company of all wages salaries and other earnings actually paid and alto pay premium on any amount in excess of the amount estimated above I/We hereby declare that all the above statements and particulars, which I/we have read over and checked are true I/We have not suppressed, misrepresented or is- stated any material fact, that I/We have fairly estimated my/our total expenditure on wages salaries and other earnings and I/We agree that this declaration shall be the basis of the contract between me/us and the company.

Date -----19----- Signature -----