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LION INSURANCE COMPANY (S.C.)

☎: 251 - 116 - 187000
Fax: 251 - 116 - 632940
Head office, Comet Building, Haile G/Selassie Street

P.O.Box 26281/1000
Addis Ababa

PROPOSAL FORMS FOR
INLAND CARRIERS LIABILITY INSURANCE

- 1 (A) Name of Proposer _____
(B) Address _____

- 2 How long have you been established? _____

- 3 Is your liability to owners of goods determined by any conditions of carriage letter written or verbal? _____

- 4 Do you contract to carry under your own conditions of carriage? If so please attach copy and indicate limits required for each: -
 - (i) Vehicle _____
 - (ii) Any one accident _____

- 5 What categories of license do you hold? Please attach of vehicles under each category

- 6 A) State the principal classes of goods carried? _____

B) Detail the nature of goods you carry? _____

- 7 In which areas do you operate? _____

8. Estimate in Birr the value of goods or property you would carry in year (Estimated annual carrying) Birr _____

9. Do you distribute goods to shops and/or street premises? If so what security precautions do you take during loading and unloading? _____

10. Are your vehicles fitted with alarms immobilizers or other protective devices? If so. Give brief details. _____

11. What do you estimate to be your gross haulage charges?

(A) Maximum _____

(B) Minimum _____

12. Do you have Goods in Transit Insurance at present? Yes No

If yes, _____

A) When does your present Goods in Transit insurance policy expire? _____

B) Amount of excess? _____

C) Has any special conditions been imposed? _____

D) Have you ever had a policy cancelled or renewal declined? _____

13. Give record of all claims for goods in transit during the last three years. Please give brief details of covers causes of claims and the cost of settled an outstanding claims.

14. Any additional information _____

I/we hereby declare that the statements and particulars given on this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, omitted or modified any material facts. I/We agree that should a policy be issued, this form shall be the basis of the contract, and that any change in the pattern of my/our trade or trade practices shall be advices to insurers who may, at their discretion, vary the terms and/or conditions of the contract.

Date _____

Signed _____