



ፀሐይ ኢንሹራንስ አ.ማ. TSEHAY INSURANCE S.C.

የግብርና ቤት - ቦሌ ልዩ
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የርዕድፍ
Branch

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Tel. No. _____
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Fax No. _____

MONEY INSURANCE PROPOSAL FORM

- Name of Proposer: _____
Address: City _____ Woreda _____ Kebele _____ H.No. _____ P.O. Box _____
Tel. _____
- Trade or Business nature: _____
- Business Address: _____
- Period of Insurance required from _____ to _____
- Details of safe(s) Maker's Name: _____
 - Maker's mark and identification No: _____
 - Age: _____
 - Weight and dimension: ~~kg~~ _____
 - Value of safe: _____
 - Is the safe securely fixed to the structure of the building?
If so, how: _____
 - Where are the keys kept when the Premises containing the safe are not occupied? _____
- Have you ever had an Insurance of money in transit or in safe? If so, give details

- Has proposer's insurance of this nature ever been declined or cancelled or have special conditions been imposed? If so, give details

- Has proposer ever sustained a loss of money while in transit or from the premise? If so, give details

- Type and Amount of "Money" to which cover is required:

PART I PREMISES RISKS

Description	Safe identification	Value of Safe	Maximum Amount of Money kept (L.A.O.L.)
On money whilst in locked Safe(s) or strong-room(s)	_____	_____	_____

PART II TRANSIT RISKS

	Estimated aggregate Amount carried in One year	Liability any one Loss (L.A.O.L.)
(a) Transit to the premises	_____	_____
(b) Transit from the premises	_____	_____
(c) Other transits (specify)	_____	_____

Notes

1. The premium in respect of PART II above is subject to adjustment on the actual amount in transit during the period of Insurance.
2. The premium under PART I is NOT subject to adjustment.
3. The maximum amount of the Company's liability does not exceed the amount stated in the column headed "Liability any one loss" in each case.

Declaration

I/We desire to insure with the Company as set forth above, and I/We declare that the above statements and particulars are true and I/We agree that this proposal and Declaration shall be the basis of the Contract between me / us and the Company and I/We agree to render at the end of each period of Insurance a statement in the form required by the Company of all Money carried and to pay premium on any amount in excess of that estimated above.

Date _____

Signature _____