Oromiyaa Inshuraans Kaampaanii W.A ኦሮሚያ ኢንሹራንስ ኩባንያ አ.ማ

Oromia Insurance Company S.C. P.O.Box 10090, Addis Ababa, Ethiopia Tel: 0115 50-31-38 Fax: 0115-50-31-92

E-mail: oromiainsurance@ethionet .et Website: http:/www. Oromia Insurance Company. com.et

BURGLARY & HOUSEBREAKING PROPOSAL FORM

6. a) Have you previously been insured against outglary. If so, give the name of the Insurer and the date of expiry of the Insurance. b) Do you hold any other policy with any Branch of the Corporation? If so, please state name of Branch. c) State the amount for which the entire contents are			ACCRETERY PLATE - (0)		
b) Address (in full) c) Trade or Occupation d) State interest in the property to be insured e) Number of years established in the above address of elsewhere DESCRIPTION OF PREMISES 2. a) Description of Premises in whitch the property to be insured is contained (whether in a private house, flat, apartment, shop, warehouse, factory or offices) b) Are you the sole occupier of the premises? c) If not, what portion do you occupy? 3. a) How are the outer doors secured? (State type of locks) b) How are the font windows on the ground floor protected? c) How are the back windows on the ground floor protected? d) Are there sky-lights? If so, how are they protected by shutters during closing hours? f) If only a portion of the building is occupied by you, how are the doors to your rooms secured and do they contain glass panels? 4. a) Are the premises occupied by proposer at night? b) If not, is a watchman or a resident caretaker employed and where is he stationed? c) If not, is any other means of protection adopted? 5. a) Have the premises or buildings been entered at any time by thieves? of in our protected to prove the property to be insurance. b) Do you hold any other policy with any Branch of the Copporation? If so, please state name of Branch. State the amount for which the entire contents are contents are the entired to which the entire contents are contents	1.	a)	Name of Proposer (in full)		Mills to a the second product of
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Corporation? If so, please state name of Branch.		iken	expiry of the Insurance.	h h	
c) State the amount for which the entire contents are		b	Corporation? If so please state name of Branch.	have	been my/our Agent for the parries of filling to the same
insured against fire and the name of the Branch.		c	State the amount for which the entire contents are	C	he usual a anothers prescribed by the Casas

7. Has any Insurer declined to accept, or refused to renew any of your insurances, or increased your premium or required special terms, or required additional precautions to be taken? If so, state particulars and dates.	Oromiyaa lushuraa fi
8. a) Do you keep books with complete record of accounts?b) If so, are these regulary entered up?	8. a)
 9. a) Are all valuables secured in thief resisting safes when premises are closed? b) If so, State 1) name of maker of safe and date of manufacture, 	9. a) b) (1)
whether marked thief resistant or Fire resistant only,	(2)
where located, whether cemented into the wall or otherwise fixed.	b) Address un till)
4) length, breadth, height and weight of safec) State the maximum value of single article left out of safe.	(4)

PARTICULARS OF PROPERTY TO BE INSURED BUSINESS PREMISES BUSINESS PREMISES

DESCRIPTION OF CONTENTS FULL VAL	3. gi How are the outer doors secured?
TODE VAL	· · · · · · · · · · · · · · · · · · ·
(a) STOCK IN TRADE (all pertaining	NOTE: Livestock, money, cheques, travelers' beneficial
to the business above	Tool boung air no awabanwaran and an am work to
mentioned	cheques or securities for money, shart certificates,
	1 Delosion value won lead Sandad-yela eren ale (a
(b) GOODS IN TRUST or ON	bonds, promissory notes, tickets, stamps and stamp
COMMISSION for which the	be shutter during closing hours?
Proposer is responsible (all per-	collections, coin collections, medals, business books
taining to the business above-	you, how are the doors to your rooms secured and
mentioned	of accounts, plans, speecifications; but prints mon year ob
(-) PIVOLIDEO PIONIDIOS O	
(c) FIXTURES, FITTINGS &	moulds, deeds, bills of exchange, documents of title
UTENSILS IN TRADE	b) It not, is a watchman or a resident caretaker
(d) CASH in Securely	to goods, contracts or documents of any other kind
Locked SAFE *	c) If not, is any other means of protection adopted?
Booked of the	and computer system records are not included in
(e) ANY OTHER PROPERTY	this Insurance unless specifically insured by valid yellowide
(Full description to be given)	distribution and serious specifically insured by
	special arrangement many simple and business area avail
	The state of the s
*Please state name of maker of safe.	6. 2) Have you previously been insured against burglary? 46- a)
	If so, give the name of the Insurer and the date of

RESIDENTIAL PREMISES

Descriptive details and identification number (wherever possible) are required for items 3, 4, 5, 6, 11, 12, 14, 21, & 25.

1	WEARING APPAREL and Personal effects but excluding all			(a) SEWING MAHINES (b) TYPEWRITERS	Eth. \$ Eth. \$
	types of articles mentioned hereunder	Eth. \$	15		Eth. \$
2	TRUNKS, SUIT CASES and other		16	PICTURES AND MIRRORS	Eth. \$
	receptacles	Eth. \$	17	BOOKS against total loss only	
3	JEWELLERY,PLATE,SILVER- WARE and the like	Eth. \$		(Books of special value):	Eth. \$
4	CIGARETTE CASES,		18	STAMP COLLECTION (against total loss of collection only	
	FOUNTAIN PENS, GOLD AND SILVER PENCILES and the like	Eth. \$		estimated at two-thirds of Stanley Gibbons catalogue values)	
5	WATCHES AND CLOCKS	Eth. \$	19	PROVISIONS, drinks, cigarettes and tobacco	Eth. \$
6	CAMERAS, projectors, binoculare and the like	Eth. \$	20	ON SPORTS EQUIPMENT	Eth. \$
7	SPECTACLES (excluding break-		21	SURVEYING INSTRUMENTS	Eth. \$
0	age)	Eth. \$	22	MEDICAL AND SURGICAL	Eth. \$
8	DENTURES FURNITURE, carpets, camp	Eth. \$	22	INSTRUMENTS	Eth. \$
9	equipment, bed and table linen and the like	Eth. \$	23	SADDLERY FIREARMS AND AMMUNITION	Eth. \$
10	CUTLERY, crockery and glass ware	Eth. \$		OTHER ARTICLES of exceptional value (e.g. Furs)	Eth. \$
11	GRAMOPHONES and gramophone records, tape recorders	Eth. \$	26	ANY OTHER ITEMS NOT INCLUDED ABOVE - Please	1
12	MUSIC INSTRUMENTS	Eth. \$		specify	Eth. \$
	RADIO EQUIPMENT	Eth. \$	THE	E TOTAL SUM TO BE INSURED	Eth. \$
be	one article above (furniture and pian deemed to be of greater value than 50 ured, unless specially mentioned	os excepted) shall % of the total sum	177 - 177 - 177 -		
Sta	te period cover is required and date o	f commencement	-63		
	I so, how was the him to be a second	DECLAR	ATIC)N	

I/We HEREBY DECLARE THAT the above particulars and answers are true and complete in every respect, and that no material fact has been suppressed or withheld, and I/We undertake to exercise all ordinary and reasonable precautions for the safety of the said property, and I/We further declare that if such statements and particulars are in the writing of any person other than myself/ourselves such person shall be deemed to have been my/our Agent for the purpose of filling in the same, and I/We agree that this declaration and the answers above given shall be the basis of the contract between me/us and the Company; and I/We further agree to accept a Policy subject to the usual conditions prescribed by the Company and endorsed in their Policy, and to pay the first premium thereunder

Date	signature of proposer	the state of the s	
BRANCH	•	AGENT (UNDERWRITER)	