



**ናይል ኢንሹራንስ ኩባንያ (አ.ማ.)**  
**NILE INSURANCE COMPANY (S. C.)**

ካፒታል ብር  
 Capital Birr

40,000,000

(በሙሉ የተከፈለ)  
 (Fully paid up)

Head Office	Kirkos Branch	Tewodros Branch	Addis Ketema Branch	Beklo Bet Br.	Gerji Branch	Kaliti Branch	Abakoran Branch	Bole Branch	Magenagna Branch
☎ 011-5514999	011-5510496	011-1552585	011-2756389	011-4655262	011-6510815	011-4392879	011-2779667	011-5154545	011-6510971
011-5514329	011-5531715	011-1559967	011-2756390	011-4655289	011-6510861	011-4391796	011-2779568	011-5526907	011-6510977
☎ 011-5514592	011-5531716	011-1559968	011-2772058	011-4655308	011-6294564	011-4432017	011-2779797	011-5526908	011-6635607
☎ 12836	Addis Ababa, Ethiopia								

## BURGLARY & HOUSEBREAKING PROPOSAL FORM

Name of Proposer \_\_\_\_\_  
 Address: Town \_\_\_\_\_ Woreda/Kifle Ketema \_\_\_\_\_ Kebele \_\_\_\_\_ House No. \_\_\_\_\_ P.O.Box \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 Business or Occupation \_\_\_\_\_

### DESCRIPTION OF THE PREMISES

<p>1. a) Description of premises in which the property to be insured is contained (whether in a private house, flat, apartment, shop, warehouse, factory or offices)</p> <p>b) Are you the sole occupier of the premises?</p> <p>c) If not, what portion do you occupy?</p> <p>2. a) How are the outer doors secured?</p> <p>b) How are the front windows on the ground floor protected?</p> <p>c) How are the back windows on the ground floor protected?</p> <p>d) Are there sky-lights? If so, how are they protected?</p> <p>e) Are there display windows? If so, are they protected by shutters during closing hours?</p> <p>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?</p> <p>3. a) Are the premises occupied by you at night?</p> <p>b) If not, is a watchman or a resident caretaker employed and where is he stationed?</p> <p>c) If not, is any other means of protection adopted?</p> <p>4. a) Have the premises or buildings been entered at any time by thieves?</p> <p>b) If so, how was the access gained and what precautions have been adopted to prevent a recurrence?</p> <p>5. a) Have you previously been insured against burglary? If so, give the name of the company and the date of expiry of the insurance.</p> <p>b) Do you hold any other policy with any company? If so, please state name.</p> <p>c) State the amount for which the entire contents are insured against fire and the name of the company.</p> <p>6. Has any insurer declined to accept or refused to renew any of your insurance or increased your premium or required additional precautions to be taken? If so, state particulars and dates.</p> <p>7. a) Do you keep books with complete record of accounts? If so, are these regularly entered up?</p> <p>b) Are all valuables secured in thief resisting safes when premises are closed?</p> <p>c) If so, state name of maker and date of make, length, breadth and weight of the safe.</p> <p>d) State whether the safe is cemented into the wall or otherwise fixed.</p> <p>e) State the maximum value of single article left out of safe</p>	<p>1. a) _____</p> <p>b) _____</p> <p>c) _____</p> <p>2. a) _____</p> <p>b) _____</p> <p>c) _____</p> <p>d) _____</p> <p>e) _____</p> <p>f) _____</p> <p>3. a) _____</p> <p>b) _____</p> <p>c) _____</p> <p>4. a) _____</p> <p>b) _____</p> <p>5. a) _____</p> <p>b) _____</p> <p>c) _____</p> <p>6. _____</p> <p>7. a) _____</p> <p>b) _____</p> <p>c) _____</p> <p>d) _____</p> <p>e) _____</p>
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**PARTICULARS OF PROPERTY TO BE INSURED**  
**BUSINESS PREMISES**

DESCRIPTION OF CONTENTS	FULL VALUE	N.B. Livestock, money, cheques, travellers' cheques or securities for money, share certificates, bonds, promissory notes, tickets, stamps and stamp collections, coin collections, medals, business books, books of accounts, plans specifications: blue prints moulds, deeds, bills of exchange, documents of title to goods, contracts of documents of any other kind and computer system records are not included in this insurance unless specifically insured by special arrangement.
(a) STOCK IN TRADE (all pertaining to the business above mentioned)	Birr _____	
(b) GOODS IN TRUST or ON COMMISSION for which the proposer is responsible (all pertaining to the business above mentioned)	Birr _____	
(c) FIXTURES, FITTINGS & UTENSILS IN TRADE	Birr _____	
(d) ANY OTHER PROPERTY  (Full description to be given):	Birr _____	

**RESIDENTIAL PREMISES**

Descriptive details and identification number (where ever possible) are required for items 2,4,5,6,11,12,13,14,15,21&24

1. WEARING APPAREL and Personal Effects but excluding all types of articles mentioned hereunder	Birr _____	15. REFRIGERATORS	Birr _____
2. TRUNKS, SUIT CASES and other receptacles	Birr _____	16. PICTURES AND MIRRORS	Birr _____
3. JEWELLERY, PLATE, SILVERWARE and the like	Birr _____	17. BOOKS (of special value) against total lose only:	Birr _____
4. CIGARETTE CASES, FOUNTAIN PENS GOLD AND SILVER PENCILS and the like	Birr _____	18. STAMP COLLECTION (against total lose only of collection estimated as two-thirds of Stanley Gibbons catalogue values)	Birr _____
5. WATCHES AND CLOCKS	Birr _____	19. PROVISIONS, drinks, cigarettes and tobacco	Birr _____
6. CAMERAS projectors, binoculars and the like	Birr _____	20. SPORTS EQUIPMENT	Birr _____
7. SPECTACLES (excluding breakage)	Birr _____	21. SURVEYING INSTRUMENTS	Birr _____
8. DENTURES	Birr _____	22. MEDICAL AND SURGICAL INSTRUMENTS	Birr _____
9. FURNITURE, Carpets, camp equipment, bed and table liner and the like	Birr _____	23. SADDLERY	Birr _____
10. CUTLERY, Crockery and glassware	Birr _____	24. OTHER ARTICLES of exceptional value (e.g.furs)	Birr _____
11. GRAMAPHONES and gramophone records, tape recorders	Birr _____	25. ANY OTHER ITEMS NOT INCLUDED ABOVE-please specify the items separately _____	Birr _____
12. MUSIC INSTRUMENTS	Birr _____	_____	_____
13. RADIO EQUIPMENT	Birr _____	_____	_____
14. (a) SEWING MACHINES	Birr _____	_____	_____
(b) TYPEWRITERS	Birr _____	_____	_____
		<b>THE TOTAL SUM TO BE INSURED</b> Birr _____	

State period for which cover is required and date of commencement:  
From \_\_\_\_\_ To \_\_\_\_\_ (both dates inclusive)

**DECLARATION**

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 my self/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 the policy and to pay the premium thereunder.

Date \_\_\_\_\_

Signature of Proposer \_\_\_\_\_

UNDERWRITER/AGENT \_\_\_\_\_