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NILE INSURANCE COMPANY (S.C)

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40.000.000

(በሙሉ የተከፈለ)

Capital Birr

(Fully Paid-up)

Head Office Kirkos Br Tewodros Br. Addis Ketema Br. Beklo Bet Br. Gerji Br. Kality Br. Aba Koran Br. Bole Br Meganagna Br.

☎ 011-5514999 011-5539402 011-1552585 011-2756389/90 011-4655262 011-6298031 011-4392879 011-2779567 011-5546702 011-6188464

011-5514329 011-5531715 011-1559967 011-2772155 011-4655289 011-6298032 011-4391796 011-2779568 011-5526907 011-6510977

011-5514592 011-5531716 011-1559968 011-2772058 011-4655308 011-6294564 011-4390686 011-2779797 011-5526908 011-6635607

☒ 12836 Addis Ababa, Ethiopia

MONEY INSURANCE PROPOSAL FORM

1. Name of Proposer _____
 Business Address: Town ____ Woreda ____ Kebele ____ House No. ____ P.O.Box ____ Telephone ____
 Trade or Business _____

2. For the purpose of this insurance the term "Money" means Cash and Bank Notes, Currency Notes, Cheques (except crossed Cheques), Postal Orders, Money Orders, Postage and Revenue Stamps.
 N.B. If there are any items specified above which the Proposer does not wish to include under the Policy he may delete them. It is emphasized that there will be NO COVER under the Policy in respect of the items which are deleted.

3. COVER REQUIRED

If no cover is required for any particular item(s), insert NIL.

SECTION I – TRANSIT RISKS

(a) Transits to the premises

On Money as specified above DRAWN FROM THE BANK or POST OFFICE for wages, salaries, petty cash or sundry payments, from the time of handing over at the Bank or Post Office counter, whilst in transit until arrival at the Proposer's Premises or other places of disbursement.

(b) Transits from the premises

On Money as specified above IN TRANSIT TO THE BANK OR POST OFFICE, from the time of leaving the Proposer's premises until received by the Bank or Post Office.

(C) Other Transit (please specify) _____

Estimated aggregate amount in the year	Liability any one loss

NOTE: The premium under this Section is PROVISIONAL and is subject to adjustment on the actual amounts in transit during the period of Insurance. (Crossed cheques need not be declared).

SECTION II – PREMISES RISKS

On Money whilst in locked safe(s) or strong-room(s) (Please state maximum amount in any one safe or if more than one, state separate amount for each)

Total liability during any one period of Insurance

Birr _____

Note: SECTION II also covers loss and/or damage to safes or strong-room within the Proposer's premises caused by Burglars, Housebreakers or Thieves.

The Premium under this section is NOT subject to adjustment.

There shall be no cover hereunder in respect of any of the above Sections for which there is no figure set forth in the column headed "Liability any one loss" or "Total liability during any one period of insurance".

4. Give details of Safe(s)

(a) Maker's name and number _____

(b) Maker's description, i.e. Fire, Thief resisting etc.

(c) Age _____

(d) Weight and dimensions

(e) Whether it is securely fixed to the structure of the building, If so, how?

(f) Where are the keys kept when the premises containing the safe are not occupied?

5. Has the Proposer been previously insured in respect of Money in Transit or in Safe? If so, with whom and give details?

6. Has any proposal for insurance of Money or Fidelity risks been made? If so, to whom and with what result?

7. Has your insurance of this nature ever been declined or cancelled or have special conditions been imposed? If so, give full particulars.

8. Have you ever sustained loss of money while in transit or from the premises? If so, give full particulars

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

From _____ To _____ (both dates inclusive)

I/We desire to insure with the Company, as set forth above, and I/We warrant that the above statements are true and complete and that nothing materially affecting the risk has been concealed by me/us. I/We agree that this proposal shall be incorporated in and taken as the basis of the contract between me/us and the Company and I/We agree to accept a policy in the Company's usual form for this class of insurance. I/We agree to render at the end of each period of Insurance a statement in the form required by the company of the amounts in transit and to pay premium of the excess (if any) of the estimated figure.

Date _____

Signature of Proposer _____

Agent/Underwriter _____