



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

ካፒታል ብር 65,747,000 (በሙሉ የተከፈለ)  
 Capital Birr (Fully Paid-up)

Head office	Kirkos Br.	Tewodros Br.	A/Ketema Br.	Beklo b/Br.	Gerji Br.	Kaliti Br.	Abakoran Br.	Bole Br.	Mecenaona Br.
011-5514999	011-5510496	011-1552585	011-2756389/90	011-4655262	011-6510815	011-4392879	011-2779567	011-5154545	011-6510971
011-5514329	011-5531715	011-1559967	011-2772155	011-4655289	011-6510861	011-4391796	011-2779568	011-5526907	011-6510977
Fax 011-5514592	011-5531716	011-1559968	011-2772058	011-4655308	011-6294564	011-4432017	011-2779797	011-5526908	011-6635607
12836	Addis Ababa, Ethiopia								

**WORKMEN'S COMPENSATION INSURANCE PROPOSAL FORM**

1. Name of Employer \_\_\_\_\_  
 Address Town \_\_\_\_\_ Woreda K/ Ketema \_\_\_\_\_ Kebele \_\_\_\_\_ House No. \_\_\_\_\_ P.O.Box \_\_\_\_\_ Tel No. \_\_\_\_\_
2. Address at which the employees are to be working \_\_\_\_\_
3. Nature of work trade or business \_\_\_\_\_
4. Will your workers use any woodworking machinery or other machinery driven by mechanical power ?If so, please give full particulars \_\_\_\_\_
5. Will the machinery. Plant. Works and ways be properly fenced. guarded and maintained in good order and condition? \_\_\_\_\_
- 6 Will boilers. Steam containers and other pressure vessels, Lifts. hotests and cranes be regularly inspected? If so. by whom? \_\_\_\_\_
7. What acids, gases, chemicals, explosives of dangerous substances will be used and to what extent? \_\_\_\_\_
8. a) will you manufacture dress, handle or use asbestos or materials containing silica? \_\_\_\_\_  
 b) Have you a foundry? \_\_\_\_\_
9. Will you handle or use radioisotopes, radioactive substances or other source of ionizing radiations? \_\_\_\_\_
10. Are your workers transported in vehicles belonging to you or hired by you for such purpose? \_\_\_\_\_  
 If yes please state whether seating accommodations are provided and the seating capacity of each vehicle \_\_\_\_\_
11. Are you at present insured or have you ever proposed cover for your workers with any other insurer(s)?  
 If so, Please give name. \_\_\_\_\_
12. Has any insurer ever \_\_\_\_\_
  - a) declined or postponed your proposal? \_\_\_\_\_
  - b) Accepted on special terms? \_\_\_\_\_
  - c) required an increased premium? \_\_\_\_\_
  - d) refused to renew your policy? \_\_\_\_\_
  - e) cancelled your policy? \_\_\_\_\_



**PARTICULARS: ALL EMPLOYEES MUST BE INCLUDED**

Description of Workers	Estimated No.	Estimated Annual Earnings	For office use only	
			Rate	Premium
Clerical Staff				
Workers engaged with wood working machinery and machine operators.				
Workers engaged with non-wood working machinery.				
All other workers				
<b>Total</b>				

13. Please state period of cover required and date of commencement

From \_\_\_\_\_ To \_\_\_\_\_

I/ We the undersigned desire to effect an insurance in the terms of the Policy to be issued by the Company and I/we agree to render at the end of each period of insurance a statement of all wages and salaries and other earnings actually paid and to pay premium on any amount in excess of the amount estimated above. I//we hereby declare that all the above statements and particulars which I//we have given and read over and checked are true and that I/We have not suppressed misrepresented or mis-stated any material fact that I/We have fairly estimated my/our total expenditure on wage, salaries and other earnings and I//we agree that this declaration shall be the basis of the contract between me/us and the Company.

Date \_\_\_\_\_ 20 \_\_\_\_\_ Signature \_\_\_\_\_