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**BUNNA INSURANCE S.C**

**PROPOSAL FOR WORKMEN'S COLLECTIVE INSURANCE**

**Name of Employer's**

**Address**

**P.O. Box**

**Tel. No.**

**Address at which workers  
are to be working**

**Nature and particulars of  
Work, trade or Business to  
which this insurance is to  
apply?**

1. Will your workers use any Woodworking machinery or other machinery driven by mechanical power? If so, state full particulars.  
\_\_\_\_\_
2. Will the machinery, plant, works and ways be properly fenced and guarded and otherwise maintained in good order and condition?  
\_\_\_\_\_
3. Will the Boilers, steam containers and other pressure vessels, Lifts hoists and cranes be regularly inspected? If so, by whom?  
\_\_\_\_\_
4. What acids, gases, chemicals, explosives or dangerous substances will be used and to what extent?  
\_\_\_\_\_
5. a) Will you manufacture, dress, handle or use asbestos or materials containing silica?  
\_\_\_\_\_  
b) Have you a foundry? \_\_\_\_\_
6. Will you handle or use radioisotopes, radioactive substances or other sources of ionizing radiations?  
\_\_\_\_\_
7. Are your workers transported in Vehicles belonging to you or under your control or hired by you for such purpose? If "Yes" please state seating accommodations are provided and the maximum number of seats in each vehicle?  
\_\_\_\_\_
8. Are you at present insured or have you ever proposed cover for your workers with any other insurer(s)? If so, state the name of insurers  
\_\_\_\_\_

9. Has any insurer ever

(i) Declined or postponed your proposal? \_\_\_\_\_

(ii) Refused to renew your policy? \_\_\_\_\_

(iii) Cancelled your policy? \_\_\_\_\_

(iv) Required an increased premium or imposed special condition? \_\_\_\_\_

**SCHEDULE: (ALL WORKERS MUST BE INCLUDED)**

Description of Workers	Estimated No.	Estimated Annual Earnings	For office use only	
			Rate	Premium
a) Clerical Staff				
b) Workers engaged with Woodworking Machinery and Machine Operators				
c) Workers engaged with non woodworking Machinery (Machinists and Workers)				
d) All other workers (Drivers, Asst. drivers...)				
<b>Total</b>				

10. State period of cover required and date of commencement

From \_\_\_\_\_ to \_\_\_\_\_

I/We the undersigned this, \_\_\_\_\_ day of \_\_\_\_\_ 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 in the form required by the Company of all wages, 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 read over and checked are true, that I/We have not suppressed, misrepresented or misstated any material fact, that I/we have fairly estimated my/our total expenditure on wages, 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 \_\_\_\_\_

Proposer's Signature \_\_\_\_\_

Producer \_\_\_\_\_

Underwriter \_\_\_\_\_