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BUNNA INSURANCE S.C

PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

1. Name of proposer (in full) _____
2. Place and date of Birth _____
3. Address _____
4. Age _____ Height _____ Weight _____
5. Profession, Occupation, Trade or Business _____
a) self employed or employed **b)** superintending or working manually **c)** Machinery is used
6. Is your sight or hearing defective? _____
7. **a)** Do you engage in big and/small games? Viz hunting, polo, motor cycle, mountaineering, winter sports or riding in any kind of race. _____
b) If so, please state whether cover is required _____
8. Do you intend to fly as a pilot, co-pilot or crew member? If so, please give full details _____

- N.B. These risk are not covered unless specifically agreed and endorsed upon the policy.
9. Do you travel abroad frequently? If so, please state: number of journeys during a year _____
Whether by a regular Airlines or by multi-engined charter Aircraft _____
10. Have you now or have ever had before any physical defect or infirmity? If so, give particulars. _____

11. Have you ever suffered from Paralysis, Varicose Veins, a fit of any kind or been ruptured or worn a truss? _____
12. Have you suffered from injury or illness which in the event of any accident may delay your recovery?
13. Are you now insured against accident and/or illness with any other insurer? If so, please state name of the Insurer, Capital amount and weekly benefits. _____

14. Have you ever been declined or accepted on special terms for life or personal accident, illness insurance?
15. Has any Insurer cancelled or declined to renew your policy or varied the benefits or imposed condition? If so, please give name of insurer and when _____
16. Have you ever claimed on or received compensation from any accident or illness insurance Insurer? If so, give particulars. _____
17. Are there any additional facts affecting the proposed insurance which should be disclosed to the company? _____

DETAILS OF INSURANCE REQUIRED

Benefits Selected	Amount Birr	Premium Birr
Benefit I. DEATH	_____	_____
Benefit II. Permanent Total Disablement	_____	_____
Benefit III. Temporary Total Disablement (Per month)	_____	_____
Benefit IV. Temporary Partial Disablement (per month)	_____	_____
Benefit V. Medical Expense		
Additional Benefits (World-wide cover, sport etc.)	_____	_____
Total Birr	_____	_____

18. Geographical Limit: _____

19. Period of Insurance: From _____ to _____ (both dates inclusive)

DECLARATION

I hereby warrant and declare the truth of all the above statements, that I am in good health and that I have not withheld any material information, and I hereby agree to give notice to the undermentioned company of any variation in my professional or occupation, health or pursuits I agree to accept a policy subject to the terms, exceptions and conditions prescribed by the company and that this Declaration shall be the basis of the contract between me and the company.

Dated _____ Proposer's Signature _____

Agent/underwriter _____