



ፀሐይ ኢንሹራንስ ኢ.ማ.
TSEHAY INSURANCE S.C.

የግዢ ጽ/ቤት - አዲስ አበባ
 Head Office - Addis Ababa

ስልክ ቁጥር
 Tel. Nos. 011-111 96 43
 ፊክስ ቁጥር
 Fax No. 011-111 98 86
 ፖ.ሣ.ቁ.
 P.O.Box 58144

ኢ-ግብይት
 e-mail: tsehayinsurance@tsehay.com.et

የርዕሰ ጽ/ቤት
 Branch

ስልክ ቁጥር
 Tel. Nos. _____
 ፊክስ ቁጥር
 Fax No. _____

APPLICATION FORM FOR MARINE INSURANCE

TSEHAY INSURANCE S.Co.

_____ BRANCH

1. Name of Proposer: _____
2. Description and quantity of Cargo: _____

3. Amount in Birr: _____
4. Type of package: _____
5. Carriage by: Sea/ Air _____ Name of Vessel/ Craft: _____
6. Voyage: from _____ to _____
7. Proforma Invoice No.: _____ Proforma date _____
8. Type of Cover required (ICC clause A, B, or C): _____
9. Additional Cover required a) S.R.C.C. b) WAR
10. Your Marine Open Covers No. (if any): _____
11. Remarks (if any): _____

Proposal completed by: _____ Date _____

Signature & Stamp _____

Agent/Broker _____

Underwriter's decision _____

Liga Printing Press