





በርሃን ኢንሹራንስ ኩባንያ (አ.ማ.)
BERHAN INSURANCE COMPANY (S.Co.)

ዋና መሥሪያ ቤት አዲስ አበባ
Head Office - Addis Ababa

የመ. ሣ. ቁ. 9266
P. O. Box
e-mail Address: berhaninsurance@yahoo.com

የቴሌፎን ቁጥሮች 011-4674446
Telephone Nos.

የፋክስ ቁ. 0115-578338
Fax No.

ቅርንጫፍ 
Main Branch  **0115578558**

PROPOSAL FORM FOR
CARRIERS LIABILITY INSURANCE COVER

Name of Insured: _____

Address of Insured: City _____

Telephones _____ Fax _____

Nature of Business: _____

Conveyance _____

Property to be carried _____

Territorial limit: _____

Limits of liability to single loss /liability limit/trip: _____

Estimated annual carrying of goods: _____

Period of insurance _____ to _____

I/We declare that the above facts given are true and correct.

Name of Proposer _____ Signature & Stamp _____