**Appendix A: Underwriting work sheet for individual Endowment**

**Africa Insurance Company (S.C.)**

**P.O. Box 12941 – Tel. 011 618 77 41 Fax 618 05 63**

**ADDIS ABABA – ETHIOPIA**

**Underwriting work sheet**

**$Head.img src=logo**

**Policy No: QW001**

**Name of Proposer: $Head.Name\_ofProposer**

**{Policy\_No=QW001, Address=Chenai}.**

**Address:Chenai**

**Weight:$Head.Weight\_KG KG.**

**Height: $Head.Height\_CM CM**

<img src="fr.opensagres.xdocreport.document.images.FileImageProvider@3ec7311d" />

**Type of Insurance --------------------------------------**

**Sum Assured Birr: $Head.Sum\_Assured\_Birr**

**Period of Assurance: $Head.Period\_of\_Assurance**

**Occupation $Head.OCCUPATION**

**Annual Premium Life Birr $Head.Annual\_Premium\_Life\_Birr S.A.I Birr**

**Special Discount Life Birr $Head.Special\_Discount\_Life\_Birr S.A.I Birr**

**Extra Risk Premium Life $Head.Extra\_Risk\_Premium\_Life**

**Extra Risk Premium S.A.I…………….…………….**

**Medical ……………………………………………………….**

**Total Premium Life Birr ……………………………………….…………………….**

**Total Premium S.A.I Birr ……………………………….……………………………**

**S/duty Birr ………………………………………………………………………………………**

**Grand Total Birr …………………………….………………………………………….**

**Mode of Payment $Head.Mode\_of\_Payment .**

**Underwriter’s Opinion: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Prepared by Approved by**

**-------------------- -------------------**

**Date:**

**Date of Employment --------------------------**

**Effective Date -----------------------------------**

**Maturity Date ----------------------------------**

**Date of Proposal --------------------------G.C**