**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 Age…….………**

**Life Branch ANBD ….……….**

**Underwriting work sheet Rate …….……**

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ፒ.ኦ. ሳጥን 12941 - ቴሌ. 011 618 77 41 ፋክስ 618 05 63

አዲስ አበባ – ኢትዮጵያ

**Policy No: «$Head.Policy\_No»**

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

**Address:«$Head.ASSURED\_NAME»**

**«$Head.ph\_no»**

**Weight:«$Head.Weight\_KG» KG.**

**Height: «$Head.Height\_CM» CM**

**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**