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BUNNA INSURANCE S.C

BOND PROPOSAL FORM

1. Contractor: _____
   Address: Tel: _____ Office: _____
   P.O.Box: _____
   Home: _____
   Mobile: _____

   Subcity __ _____ Kebele _____ House No. _____

   Office Location: _____

   Residential Location: _____

1. Employer _____
   _____
2. Purpose _____
   _____
   _____
3. Type of Bond:
   _____ADVANCE_____
4. Bond Amount: _____
5. Date Contract Signed between Employer and Contractor: _____
6. Validity: _____
   _____
7. Collateral to be pledged _____
   _____

Date _____ **Proposer's Signature**_____

Producer _____ **Underwriter** _____