

PROPOSAL FORM - GLASS

SECTION 1 - BUSINESS DETAILS

- a. Full Name of Proposer: _____
- b. Contact Details: (tel): _____ (fax): _____
 (mobile): _____ (web): _____
 (email): _____
 (postal): _____ (code): _____ (town/ city): _____
- c. Profession or Occupation: _____
- d. Period Of Insurance: (From): _____ (To) _____

SECTION 2 - PROPOSAL DETAILS

1. Is the address of the premises in which the glass to be insured is situate different to the Postal Address ?. If "YES" Indicate address : Yes No

2. Are the premises in which the glass is situate used for purposes other than those involving the Proposers Business or Occupation Yes No
3. Has insurance of the following risks ever been declined cancelled or increased premium demanded? If "YES" please give details Yes No

4. Have breakages or damage occurred during the last three years? Yes No
 If "YES" state:-
 (a) from what cause? . . . _____
 (b) cost of repair or replacement _____
5. Have the risks been previously insured? Yes No
 If "YES" please state:-
 (a) name of Company _____
 (b) number of Policy if with this Company . _____
6. Are any of the items to be insured damaged at present? . Yes No
 If "YES" give details

7. Are the premises at the corner of a street? Yes No
8. Does the glass to be insured comprise:
 (a) all fixed EXTERNAL glass in the business portion including Vitrolite, Marmorite etc? Yes No
 (b) all fixed INTERNAL glass in the business portion including mirrors, shelves and showcases? Yes No
9. Do you wish to include the cost of lettering or design on any of the insured glass? Yes No
 If "YES" give details and include such cost in the limit of indemnity stated below . . .

SCHEDULE	<i>Sum Insured Including fitting and delivery charges:</i>
Section A ALL FIXED EXTERNAL GLASS EXCLUDING NEON SIGNS	
OTHER FIXED GLASS – to be specified below but excluding Neon Signs.	

DECLARATION

I/We hereby warrant the correctness of the statements made in this proposal and declare that the items to be insured are free from damage or flaw (except as stated in question 6) and I/WE agree that this proposal shall be the basis of the contract between me/us and the Insurers and I am/We are willing to accept a Policy in the Insurers usual form for this class of business.

Proposer's Signature : _____

Date : _____