

♦ **GLASS INSURANCE** ♦
PROPOSAL FORM

In completing the Proposal Form please ensure that questions are answered fully and accurately and where necessary schedules giving further explanation are provided.

IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to Underwriters.

A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

Vat No.:

<p>1. (a) Name of Proposer:</p> <p>(b) Address:</p> <p>(c) Telephone No./Fax No.:</p> <p>(d) Email address:</p> <p>(e) Business Occupation or Trade:</p> <p>(f) Period of Insurance:</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>2. (a) Name of Occupier and address of the premises in which glass to be insured is fixed.</p> <p>(b) Trade or business carried on therein.</p>	<p>.....</p> <p>.....</p>
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<p>3. Are the premises situate at the corner of a street, near a school or children's playground, or in a dangerous or exposed position?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>4. State what breakages (if any) have occurred during the last twelve (12) months, and how caused.</p>	<p>.....</p>
<p>5. Is the glass mentioned in the schedule below free from cracks and other defects?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>6. Have the premises where the glass is fixed been erected or altered during the last twelve months?</p> <p>If 'Yes' give date of completion or details of alterations.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p>
<p>7. Does this proposal include all the insurable glass at the premises?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>8. Do you desire to insure lettering and painting?</p> <p>If 'Yes' please state value separately.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p>
<p>9. Do you desire to insure damage to woodwork of showcases or window-frames?</p> <p>If 'Yes' please state value.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p>
<p>10. (a) Has the glass in the premises been previously Insured?</p> <p>If 'Yes' state name of Insurer.</p> <p>(b) Has the insurance ever been refused, terminated, or the premium increased?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Item No.	No. of Squares (panes)	Whether plate or sheet, and whether plain, lettered, stained, silvered or ornamented or bent or ultra-violet ray glass	Whether in front, return, door, fanlight, counter case, shelf, horizontal display or mirror and whether moveable.	Size of each square (pane) in inches or centimeters		Sum to be Insured		For office use only
				Height	Width	Per sq. ft.	Total	Premium

In business premises or in private dwellings there is almost always a considerable amount of glass and similar material (e.g. virolite) all prone to breakage and costly to replace.

COVER
This Policy covers breakage of glass from virtually any cause.

PREMIUM
Is very reasonable, and based on the total value of the glass to be insured.

EXCEPTIONS
The Principal exceptions are:

- (i) Breakage caused by fire, lightning, explosion, cyclone, hurricane, tornado or typhoon earthquake.
- (ii) Cost of removal or replacement of any fittings or other obstructions to replacement.
- (iii) Any consequential loss.
- (iv) Loss or damage due to war, riot, civil commotion, terrorism or violence.
- (v) Loss or damage due to nuclear radiation or weapons material.

OPTIONAL ADDITIONAL BENEFITS

1. Removal cost of window enclosure, fixtures & fittings (up to a limit of \$.....)
2. Damage to good displayed in windows (up to a limit of \$.....)
3. Breakage of neon or other illuminated signs.

PREMIUM QUOTATIONS WILL BE SUPPLIED ON REQUEST.

NOTE – All Glass shelves, lamps, signs etc., if they are to be insured, **MUST** be described fully and separate value stated. ALL Glass is considered plain unless the **CONTRARY** is specially stated in the policy and no lettering, embossing, silvering or any ornamental work is considered insured unless described therein and the additional premium paid thereon.

SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

Declaration

I/We declare that the statements and particulars in this proposal are true and that no material facts have mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Signed by Principal/Partner

Name (Please print)

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Signature

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Date

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