

INSURANCE COMPANY.....

**PROPOSAL FOR GLASS INSURANCE**

BLOCK LETTERS PLEASE

FULL NAME OF PROPOSER.....  
 POSTAL ADDRESS.....  
 BUSINESS OR OCCUPATION.....  
 PERIOD OF INSURANCE From..... To.....

Please tick appropriate

- |                                                                                                                                                                                                                                            | YES                                                  | NO                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|
| 1. Is the address of the premises in which the glass to be insured is situate different to the Postal Address ?<br>If " YES " show address here.....                                                                                       | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 2. Are the premises in which the glass is situate used for purposes other than those involving the Proposers Business or Occupation ?.....<br>If " YES " state for what purposes used .....                                                | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 3. Has insurance of the following risks ever been declined cancelled or increased premium demanded ?<br>If "YES" please give details.....                                                                                                  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 4. Have breakages or damage occurred during the last three years ?<br>If " YES " state :-<br>(a) from what cause ?.....<br>(b) cost of repair or replacement ?.....                                                                        | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 5. Have the risks been previously insured.....<br>If " YES please state :-<br>(a) name of Company.....<br>(b) number of Policy if with this Company .....                                                                                  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 6. Are any of the items to be insured damaged at present.....<br>If " YES " give details.....                                                                                                                                              | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 7. Are the premises at the corner of a street ?.....                                                                                                                                                                                       | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 8. Does the glass to be insured comprise :<br>(a) all fixed EXTERNAL glass in the business portion including Vitrolite, Marmorite etc ?<br>(b) all fixed INTERNAL glass in the business portion including mirrors, shelves and showcases ? | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |
| 9. Do you wish to include the cost of lettering or design on any of the insured glass ?.....<br>If " YES " give details and include such cost in the limit of indemnity stated below.....                                                  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |

SCHEDULE	Sum Insured Including fitting and delivery charges
Section A ALL FIXED EXTERNAL GLASS EXCLUDING NEON SIGNS No one piece of glass to exceed TShs 200,000/= in value or the currency equivalent (If any such glass please give details)	
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 Insurer and I am/We are willing to accept a Policy in the Insurers usual form for this class of business.

Proposer's Signature .....Date.....