

PLATE GLASS INSURANCE PROPOSAL FORM

1)	Name of Proposer in full	
2)	Address	
3)	Address of Premises in which Glass exists	
4)	What business is carried on in the premises in which glass exists <i>The nature of the trade is sometimes important for rating purpose.</i>	
5)	Is any of the Glass to be insured cracked or otherwise damaged? if so, particulars should be given <i>Glass damaged when the Insurance is effected will not be covered (unless by special arrangement) until it has been replaced. Particulars must be given – a rough sketch is desirable – so that such glass may be excluded from the policy or made subject to a special restrictive endorsement.</i>	
6)	State the kind of shutters used to protect windows?	
7)	Are any of the squares of Glass moveable?	
8)	What breakages have occurred during the last twelve months, and from what causes?	
9)	Is the Glass exposed to any special risk If so, particulars should be given.	
10)	Are the premises empty?	

11)	Is the woodwork of the shop front, and the window frames in good and sound condition?	
12)	Has any Company insuring against breakage of Glass declined a Proposal from you or declined to renew its policy, or demanded an increased rate for renewal? If so, particulars should be given.	
13)	Has the risk been previously insured? If so, with what Company?	
14)	Are you Insured against Fire?	
	If so, for what sum	
	Name of Office and if with this Company, the number of the Policy	

THE APPLICANT DECLARES THE STATEMENTS SET FORTH HEREIN TO BE TRUE, COMPLETE AND CORRECT TO THE BEST OF HIS KNOWLEDGE

NOTICE TO APPLICANTS:

This Application does not bind the Applicant or the Company. However, it is agreed that this Insurance Application will be the basis of the contract, should a policy be issued, and will be attached to, and made part of the policy. The Applicant agrees that if the information supplied on this Application changes between the date set forth below and the inception date of the policy, the Applicant will immediately notify the Company of such changes

Authorized Signature of Applicant :
 Name & Title of Authorized Officer :
 Date :