

## PROPOSAL FORM FOR INSURANCE

GLASS

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.

1. a. Name of Proposer:  b. Address:  c. Telephone No/Fax No.:  d. VAT No/TRN (where applicable):  e. Email address:  f. Business Occupation or Trade:  g. Period of Insurance: From	SEC	DETAILS OF PROPOSAL						
c. Telephone No/Fax No.: d. VAT No/TRN (where applicable): e. Email address: f. Business Occupation or Trade: g. Period of Insurance: From	1.	a. Name of Proposer:						
d. VAT No./TRN (where applicable):  e. Email address:  f. Business Occupation or Trade: g. Period of Insurance: From		b. Address: Postal Code:						
e. Email address:  f. Business Occupation or Trade: g. Period of Insurance; From		c. Telephone No./Fax No.:						
f. Business Occupation or Trade: g. Period of Insurance: From		d. VAT No./TRN (where applicable):						
g. Period of Insurance: From		e. Email address:						
2. a. Name of Occupier of the premises in which glass to be insured is fixed:  b. Address of the above premises:  c. Trade or business carried on therein:  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?		f. Business Occupation or Trade:						
b. Address of the above premises:  c. Trade or business carried on therein:  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?   Yes   No 4. State what breakages (if any) have occurred during the last twelve (12) months, and how caused:  5. Is the glass mentioned in the Section 3 Schedule free from cracks and other defects?   Yes   No 6. Have the premises where the glass is fixed been erected or altered during the last twelve months?   Yes   No 1 If Yes, give date of completion or details of alterations:  7. Does this proposal include all the insurable glass at the premises?   Yes   No 8. Do you desire to insure lettering and painting?   Yes   No 1 If Yes, please state value separately in Section 3.  9. Do you desire to insure damage to woodwork of showcases or window-frames?   Yes   No 1 If Yes, please state value:  10. a. Has the glass in the premises been previously Insured?   Yes   No 1 If Yes, state name of Insurer:  b. Has the insurance ever been refused, terminated, or the premium increased?   Yes   No  SECTION 2 DECLARATION  NOTE: SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.  1/We declare that the statements and particulars in 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.  Proposer Name (Please print)  Signature   Date		g. Period of Insurance: From To:						
c. Trade or business carried on therein:  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?	2.	a. Name of Occupier of the premises in which glass to be insured is fixed:						
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?		b. Address of the above premises:						
exposed position?		c. Trade or business carried on therein:						
5. Is the glass mentioned in the Section 3 Schedule free from cracks and other defects?	3.							
6. Have the premises where the glass is fixed been erected or altered during the last twelve months?	4.	State what breakages (if any) have occurred during the last twelve (12) months, and how caused:						
6. Have the premises where the glass is fixed been erected or altered during the last twelve months?								
If Yes, give date of completion or details of alterations:    Does this proposal include all the insurable glass at the premises?   Yes   No	5.	Is the glass mentioned in the Section 3 Schedule free from cracks and other defects? ☐ Yes ☐ No						
7. Does this proposal include all the insurable glass at the premises?	6.	Have the premises where the glass is fixed been erected or altered during the last twelve months? $\Box$ Yes $\Box$ No						
8. Do you desire to insure lettering and painting?		If Yes, give date of completion or details of alterations:						
9. Do you desire to insure damage to woodwork of showcases or window-frames?	7.	Does this proposal include all the insurable glass at the premises? ☐ Yes ☐ No						
If Yes, please state value:  10. a. Has the glass in the premises been previously Insured?  Yes  No  If Yes, state name of Insurer:  b. Has the insurance ever been refused, terminated, or the premium increased?  Yes  No  SECTION 2 DECLARATION  NOTE: SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.  I/We declare that the statements and particulars in this Proposal are true and that no material facts have been misstated or suppressed after enquiry. I/We 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.  Proposer Name (Please print)  Date  Date	8.	Do you desire to insure lettering and painting? $\square$ Yes $\square$ No If Yes, please state value separately in Section 3.						
10. a. Has the glass in the premises been previously Insured?	9.	Do you desire to insure damage to woodwork of showcases or window-frames? $\ \square$ Yes $\ \square$ No						
If Yes, state name of Insurer:  b. Has the insurance ever been refused, terminated, or the premium increased?  Yes  No  SECTION 2 DECLARATION  NOTE: SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.  I/We declare that the statements and particulars in this Proposal are true and that no material facts have been misstated or suppressed after enquiry. I/We 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.  Proposer Name (Please print)		If Yes, please state value:						
b. Has the insurance ever been refused, terminated, or the premium increased?	10.							
NOTE: SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.  I/We declare that the statements and particulars in this Proposal are true and that no material facts have been misstated or suppressed after enquiry. I/We 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.  Proposer Name (Please print)  Date  Date		If Yes, state name of Insurer:						
NOTE: SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.  I/We declare that the statements and particulars in this Proposal are true and that no material facts have been misstated or suppressed after enquiry. I/We 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.  Proposer Name (Please print)  Date  Date		b. Has the insurance ever been refused, terminated, or the premium increased? $\ \square$ Yes $\ \square$ No						
I/We declare that the statements and particulars in this Proposal are true and that no material facts have been misstated or suppressed after enquiry. I/We 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.  Proposer Name (Please print)	SEC	DECLARATION						
stated or suppressed after enquiry. I/We 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.  Proposer Name (Please print)	NO	<b>TE</b> : SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.						
Signature Date	sta for	ted or suppressed after enquiry. I/We agree that this Proposal, together with any other information supplied shall m the basis of any contract of insurance effected thereon. I/We undertake to inform the Insurers of any material						
	Pro	poser Name (Please print)						
	Sig							

Rev. 12-21 www.CGUnited.com



## PROPOSAL FORM FOR INSURANCE

GLASS

SECTION 3 SCHEDULE

Item No.	No. of Squares (panes)	Whether plate or sheet, and whether plain, lettered, stained, silvered or ornamented or	Whether in front, return, door, fanlight, counter case, shelf, horizontal display or mirror and whether moveable.	Size of each square (pane) in in. or cm.		Sum to be Insured		For office use only		
		bent or ultra-violet ray glass		Height	Width	Per sq. ft.	Total	Premium		
	In business premises or in private dwellings there is almost always a considerable amount of glass					PREMIUM QUOTATIONS: Will be supplied on request.				
		ial (e.g. virolite) all prone to breakage and o		NOTE: All Glass shelves, lamps, signs etc., if they are to be						
COVER: This Policy covers breakage of glass from virtually any cause.					insured, must be described fully and a separate value stated.					
PREMIU	JM: Is very	reasonable, and based on the total value of	of the glass to be insured.	All Glass is considered plain unless the contrary is specially stated in the Policy and no lettering, embossing, silvering or any						
	EXCEPTIONS: The Principal exceptions are:					ornamental work is considered insured unless described therein				
	_	sed by fire, lightning, explosion, cyclone, hu	and the additional premium paid thereon.							
	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									
	<ol> <li>Removal cost of window enclosure, fixtures &amp; fittings (up to a limit of \$)</li> <li>Damage to good displayed in windows (up to a limit of \$)</li> </ol>									
	_		)							
s. Brea	akage of h	eon or other illuminated signs.								

CG United Insurance Ltd.

INSURANCE

www.CGUnited.com