

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.

SECTION 1 DETAILS OF PROPOSAL

1. a. Name of Proposer: _____
b. Address: _____ Postal Code: _____
c. Telephone No./Fax No.: _____
d. VAT No./TRN (where applicable): _____
e. Email address: _____
f. Business Occupation or Trade: _____
g. Period of Insurance: From _____ To: _____
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? 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
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 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
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 mis-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.

Data Protection Declaration:

By signing this form, I confirm/understand that:

- In order to administer the policy and plan CG United Insurance Ltd. may process any and all of the personal data provided.
- I consent to CG United Insurance Ltd. processing my personal data, in accordance with CG United Insurance Ltd.'s Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to CG United Insurance Ltd. in respect of any third party, is done with that third party's consent and knowledge of CG United Insurance Ltd. processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Proposer Name (Please print) _____

Signature _____ Date _____

