

Call (Toll free) - Number Website Address

PROPOSAL FORM - PLATE GLASS INSURANCE

The property proposed for insurance is not covered and the liability of the Company does not commence until the proposal is accepted by the Company and premium paid in advance and upon full realization of the premium payment by the Company. The Company is under no obligation to accept this proposal. Receipt of this Proposal by the Company along with the premium payment does not tantamount to the acceptance of the Proposal by the Company and does not result in a concluded contract of insurance.

Coverage is as per the terms and conditions of our Standard Policy Wordings.

The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description, failure to disclose or suppression of any material facts in response to the questions in the proposal form or on non-disclosure of any material particular.

| C | OMPANY OFFICE DETAILS (To be filled by insurer) |
|------------------------|--|
| 2. | Office Code: Office Address: Office Ad |
| I | NTERMEDIARY DETAILS |
| 1. 2. 3. | Agent/ Broker Name: Agent/ Broker License Code: Agent/ Broker Contact Number: Agent/ Broker Contact Number: |
| P] | ROPOSER DETAILS |
| 1. | Name of Proposer: |
| 2. | Address of proposer: Road City State Pin Code |
| 3. | Business of Proposer |
| 4. | Paid Up Capital of the firm Upto Rs 15 Crores Between Rs 15 and 25 Over Rs 25 Crores NA |
| 5. | Financial Interest A |



| 6. | Period of Insurance (DD/N | MM/YYYY) From [| | □□□ То | |
|-----|---|-------------------------|-----------------|------------------|-----------------------|
| 7. | Basis of Sum Insured | Market Value | ☐ Reins | statement Valu | ie |
| 8. | Are the Premises situated at | the corner of a street | or exposed to | any special ris | sk? |
| | | | | | |
| 9. | Type of Plate Glass | | Windows | Doors [| ☐ Showcase Glass |
| 10. | Type of Occupancy | ☐ Offices & Busin | less Services | | Hotels |
| | | ☐ Shopping Com | plex / Malls | | Other Occupancies |
| 11. | Age Of Occupancy | ☐ Less than 5 year | s | than 5 years b | at less than 10 years |
| | | ☐ Above 10 Years | 3 | | |
| 12. | Is Plate Glass protected by If Yes please provide the de | | | Yes □No | |
| 13. | Premium / Claim details for the past 36 months excluding the expiring policy period Year Premium in Rs Claims (Paid + outstanding) in Rs | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Total | | | | |
| 14. | Are you the Proprietor or T | | | | |
| 15. | Is there any glass in the Pre- | mises not included in | the Schedule? | If so, specify o | letails. |
| | | | | | |
| 16. | Is there at present any brok | en or damaged glass? | If so, describe | its position an | ad size |
| 4.7 | | | | | |
| 17. | What breakages have occur | red during the last twe | live months an | d from what o | auses? |
| 18. | Add on covers required | | | | |
| | | | | | |
| S | Sr No Cover | | Yes/No | | Limit/ Sum Insured |



| | 1 | Expenses towards clearance of debris and movement and protection (Not more than 10% of sum insured subject to maximum of Rs 10,00,000) | □Yes □No | |
|-----|------------------------------|--|------------------------------|----------------------------|
| | 2 | Terrorism | □Yes □No | |
| 19. | Has tl | ne risk been previously insured? | □Yes □No | |
| | If Yes | s, Please specify the following | | |
| | a) Name of Insurance Company | | | |
| | b) | Policy Number | | |
| | c) | Period of Insurance: From \(\square\) | □□□□ To □□/□□ |]/□□□□ |
| | d) | Rate Charged | | |
| | e) | Any special terms and conditions imposed | | |
| 20. | Has a | ny Company refused to accept or continue yo | our insurance or increased t | he premium therefor? |
| | | | | \square Yes \square No |
| 21. | Is the | re any other material information relevant to | the acceptance of this prop | osal which must be |
| | know | n by the Company? | | \square Yes \square No |
| | | | | |

22. PARTICULARS OF GLASS TO BE INSURED

| Position of each | No. of Panes | Size of each square of pane | | Description of glass State whether Plain Plate or Plain | Sum to be |
|----------------------------|-----------------|-----------------------------|-----------------|---|---------------|
| square of pane of glass | | Height in inches | Width in inches | Sheet Painted Rough, Silvered, Embossed, Stained, Bent or lettering /Ornamental | insured (Rs.) |
| | | | | | |
| | | | | | |

Note: In the event of a loss all Glass is considered plain and of ordinary glazing quality unless the CONTRARY is specially named in the Policy. No Lettering, Embossing, Silvering or any Ornamental work is considered insured unless named on the Policy and the additional premium paid thereon. No insurance is granted in respect of glass not completely and securely fixed. To obtain full indemnity, it is necessary to insure the properties for the full value.



| PAYMENT DETAILS |
|---|
| 1. PAN card number (10 character number): |
| 2. Sources of funds: Please tick appropriate box |
| ☐ Salary ☐ Business ☐ Investments ☐ Others (please specify) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |
| I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offences listed in Prevention of Money Laundering Act, 2002. I understand that the Company has the right to call for documents to establish sources of funds. The insurance Company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India. |
| DECLARATION BY INSURED |
| I/We hereby declare that the statements made by me / us in this Proposal Form and annexures if any are true to the best of my / our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/ us and the "Liberty General Insurance Limited" If any additions or alterations are carried out in the risk proposed after the submission of this Proposal Form then the same should be conveyed to the Insurance immediately. |
| then the same should be conveyed to the Insurers immediately. |
| Date: Place: Signature of Proposer |
| Recommendations of Officer/ Agent / Broker |

Prohibition of Rebates (Section 41) of the Insurance Act

No person shall or offer to allow either directly or indirectly as an inducement to any person to take out or renew of continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.



Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Five Hundred Rupees.

INSURANCE IS A SUBJECT MATTER OF SOLICITATION