



# Tausi Assurance Company Limited

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## PLATE GLASS INSURANCE QUESTIONNAIRE & PROPOSAL FORM.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

**NB:** All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

### PARTICULARS OF PROPOSER

Name of the Proposer (full)

Postal Address

P.O. Box:

Code:

Town:

Telephone Contact

Email Address

ID/Passport Number/ Cert of  
Incorporation

(Attach a copy)

PIN No.

(Attach a copy)

Profession or occupation

Pin Number

Period of Insurance

From:

To:

### RISK DETAILS

1. Situation of the Premises in which the  
plate glass is contained

2. Nature of the business carried out in the  
premises

3. Are the premises situated at the corner of  
the street or exposed to any special risk?

☐ YES

☐ NO

If so, give particulars

4. Are you

(i) The Proprietor

☐ YES

☐ NO

(ii) The Tenant

☐ YES

☐ NO

5. Is there any glass in the premises not  
included in the schedule?

☐ YES

☐ NO

If so, specify it

## PREVIOUS CLAIMS

6. Is there at present any broken or damaged glass? ☐ YES ☐ NO

7. Have there been any previous breakages ☐ YES ☐ NO

## INSURANCE DETAILS

|                                                    |                                     |                                    |
|----------------------------------------------------|-------------------------------------|------------------------------------|
| 8. Have you been insured for similar risks before? | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |
| If so, give name of the company.                   |                                     |                                    |

|                                                                                                             |                                     |                                    |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------|
| <p>9. Have any company refused to accept or continue your insurance or increased the premium therefore?</p> | <p><input type="checkbox"/> YES</p> | <p><input type="checkbox"/> NO</p> |
| <p>If so, please give details</p>                                                                           |                                     |                                    |

## INSURANCE DETAILS

| Position of each square or pane of glass | Size of each square or pane |              | Description of Glass                                                                                      | Value<br><br>Shs. |  | Premium<br><br>Shs. |  |
|------------------------------------------|-----------------------------|--------------|-----------------------------------------------------------------------------------------------------------|-------------------|--|---------------------|--|
|                                          | Height in cms               | Width in cms | State whether Plain, Plate or Plain Sheet Painted, Rough, Silvered, Embossed, Stained, Bent or Ornamental |                   |  |                     |  |
|                                          |                             |              |                                                                                                           |                   |  |                     |  |

**Note:** In the event of loss all Glass is considered plain unless the contrary is specially stated in the policy.  
No Littering, Embossing, Silvering or any ornamental work is considered Insured unless stated in the policy.

