

GLASS OF ALL KIND  
INCLUDING  
ORNAMENTAL GLASS, MIRRORS, SHOW-CASES, SHELVES, DOORS, Etc.

**Policies are issued covering glass** – in windows, doors, fanlights, show-cases, shelves, and counter-tops against breakage from any cause, other than breakage occasioned by or happening through:-

- 1) Fire or Explosion
- 2) War, Riot or kindred risks
- 3) Typhoon, flood, hurricane, volcanic eruption, earthquake or other convulsion of nature.

The insurers desire to draw special attention to the note appearing at the foot of the Proposal Form, and to the following points for guidance in completing the Proposal Form:

**GLASS TO BE INSURED:** The number of squares of glass, their dimensions, position and value must be clearly stated, as the Insurers are only responsible for the glass specified in the Proposal, and in the Policy.

The Insurers' Risk is limited to the Glass itself and does not cover Frames & Lettering of any description unless specially included – see Question 8. The cost of removal or replacement of fixtures or fittings in order to reglaze is included in the insurance with a separate value. Glass within twelve inches of the ground must be specifically mentioned and described.

**RISKS NOT ACCEPTED** Sheet Glass in Greenhouses, conservatories or verandas. Shop risks that contain sheet glass only.

Glass which is broken, cracked, or otherwise damaged (such glass must, however, be fully described in the proposal form)

**BREAKAGES** Intimation of breakages should be given immediately to the Head Office or Agency of the Insurers with which the insured has been in communication.

No charge is made for insuring New Glass on replacement of Breakages.

**SALVAGE** All Salvage is the property of the insurers and must be carefully preserved.

**PREMIUM** will be quoted on receipt of completed Proposal Form

Full name of Proposer(s): \_\_\_\_\_ PIN No: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Town: \_\_\_\_\_

Telephone No. - Office: \_\_\_\_\_ House: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Business or Profession: \_\_\_\_\_

Period of Insurance: From \_\_\_\_\_ To \_\_\_\_\_

1. a) Name of occupier and address of premises in which Glass to be insured is fixed b) trade or business carried on therein	a) b)
2. Are the premises situated at the corner of a street, near a school or children's playground, or in a dangerous exposed position?	
3. State any breakages (if any) have occurred during the last twelve months, and how caused	
4. Is the glass mentioned in the schedule below free from cracks and other defects?	
5. Have the premises where the glass is fixed been erected or altered during the last twelve months? If so give date of completion or details of alterations	
6. Does this proposal include all the insurable Glass at the premises?	
7. Do you desire to insure Lettering or Painting? If so, please state value in column 8 below	
8. Do you desire to insure Damage to Woodwork of Show-cases or Window frames? If so, please state value in Column 9 below	
9. a) Has the Glass in the premises been previously insured? If so, state name of Insurer b) Has the insurance ever been refused, terminated, or the premium increased?	a) b)

**SCHEDULE OF PARTICULARS AND DIMENSIONS**

Item No	No of Squares (panes)	Whether Plate or sheet, and whether plain, lettered, stained, silvered or ornamented or bent, or ultra-violet ray glass	Whether in front, return door, fanlight, counter case, shelf, horizontal display or mirror etc, and whether movable	Size of each Square (pane) in inches		Value of			Total value
				Height	Width	Each Plain Square (pane)	Lettering, Staining etc	Woodwork and frames	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

**NOTE:** All Glass shelves, lamps, signs etc if they are to be insured, MUST be described in Col (3) and valued in Col (8). ALL Glass is considered Plain unless the CONTRARY is specially stated in the policy and no Lettering, Embossing, Silvering, or any Ornamental Work is considered insured unless described therein and the additional premium paid thereon.

I/We hereby declare that the above answers are true to the best of my/our knowledge and that I/We have disclosed all particulars affecting the assessment of the risk. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and The Insurance Company and shall be deemed to be incorporated in such contract.

Date: \_\_\_\_\_ Signature of Proposer(s): \_\_\_\_\_

Liability does not begin until this proposal has been accepted by the Company and the premium paid, except as provided by any official cover note issued by the Company. A specimen policy is available on request.