

TSEHAY INSURANCE COMPANY S. C.
PLATE GLASS INSURANCE PROPOSAL FORM

1. Name of Proposer in full _____
2. Address _____ City _____ Higher _____ Kebele _____
House No. _____ Tel. No. _____ P. O. Box No. _____
3. Address of Premises in which Glass is contained _____

4. What business is carried on in the premises in which Glass is contained? _____

5. Is any of the Glass to be insured cracked or otherwise damaged? _____
If so, particulars should be given _____

6. State the kind of Shutters used to protect windows _____

7. Are any of the squares of Glass moveable? _____
8. What breakages have occurred during the last twelve months, and from what causes?

9. Is the Glass exposed to any special risk? _____
If so, particulars should be given. _____

10. Are the premises empty? _____
11. Is the woodwork of the shop front, and the window frames in good and sound
Condition? _____
12. Has any Insurer insuring against breakage of Glass, declined a Proposal from you
or declined to renew its Policy or demanded an increased rate for renewal? If so,
particulars should be given _____
13. Has the risk been previously insured? If so, with which Insurer? _____

14. (a) Are you insured against Fire? _____
(b) If so, for what sum? _____
(c) Name of Office and if with this Branch the number of the Policy.

EXTENSION OF COVER

15. Is it desired to cover the cost of painting, lettering or other ornamentation on the glass? If so, give details and the respective values _____

16. Is cover required in respect of:-

A) Accidental breakage of Neon Signs? If so, state the number, position and value of each (a)_____

B) Damage to the Window Frames of the shop front? _____ (b) _____

C) Accidental breakage of Fluorescent lighting fitments (other than tubes) and Electric Light Bowls? If so give the number and value (c) _____

D) Damage to window displays by impact or falling glass? If so, state the maximum value of any display and the highest value of any one item (d) _____

SCHEDULE OF GLASS TO BE INSURED

| Position of the Glass to be insured, whether in the Shop front, return Door, Fanlight or inside shop | Number of Squares or Panes | Is the Glass Plate or Sheet or Leaded Lights and is it Plain, Silvered, Embossed Bent, Stained, Lettered or Ornamented Armoured or Tcughened? | Size of each Square or Panes in Inches | | Size of each Square or Pane Super Feet | Value | Premium |
|--|----------------------------|---|--|-------|--|-------|---------|
| | | | Height | Width | | | |
| | | | | | | | |

Note: - In the event of breakage the loss is assessed as for plain glass, unless the contrary is expressly stated in the policy. I desire to effect an insurance as set forth above, and warrant that the above statements are true and complete.

I agree that this Proposal shall be taken as the basis of the proposed contract between me and the Company, and I am willing to accept a policy in the Company's usual form for the class of Insurance.

Date _____

Signature _____

Agent/Broker _____

Underwriter Decision _____