

## Proposal Form - Plate Glass Insurance

GUIDELINES TO FILL THE FORM (Information given herein will be treated in strict confidence)

1. Please fill the form in BLOCK LETTERS and leave one box blank between two words. All details marked with \* are mandatory.
2. Please answer all the questions completely. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A".
3. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Please use a (✓) wherever applicable
4. 'You/Your' wherever used in this proposal means the "Proposer" considered for this insurance
5. Kindly contact the Company's Office or Agent for any doubts or clarifications on the proposal form.

Note: The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.

### FOR OFFICE USE ONLY

Branch Code:	<input type="text"/>
Intermediary Code*:	<input type="text"/>
Intermediary Location Code:	<input type="text"/>
Intermediary Employee Code:	<input type="text"/>
Intermediary Reference Code:	<input type="text"/>
Sales Manager Code:	<input type="text"/>

### DETAILS ABOUT PROPOSER

Title (Pls. Tick):  Mr.  Ms.  Mrs.  M/s.

Name\*:

#### Correspondence Address:

Block/Flat No.\*:  Floor No.:  Building Name\*:

Street Name\*:  Locality:

Landmark\*:

City/Village\*:  Pincode\*:

Post Office:  PAN No.:

Mobile No.\*:  Landline\*:

Email ID 1\*:

Email ID 2:

Business Of Proposer: .....

Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions: .....

Period of Insurance: From  To

### DETAILS OF PROPERTY PROPOSED FOR INSURANCE

1. Locations of the Premises at which the property is proposed for insurance: .....

2. Nature of occupancy at these location(s): .....

3. Since how long you are occupying the Premises? .....

4. Are the Premises -  At the corner of a street  In an exposed position?

Please provide details: .....

5. Is there at present any broken or damaged glass?  Yes  No

If Yes, describe its position and size: .....

6. Does this proposal include all insurable glass on the Premises?  Yes  No

If No, please provide details: .....

7. Has there been any previous breakage?  Yes  No

If 'Yes', give particulars: .....

8. Are the Premises located on Highway?  Yes  No

9. a. Is the risk insured for Plate Glass with any other insurance company?  Yes  No

b. If 'Yes', please provide -

Name of the Insurance Company: .....

Policy Period: From           To           Policy No.: .....

Any special terms and conditions imposed: .....

10. Do you need coverage for:

Riot, Strike & Malicious Damage  Terrorism  Loss or damage to frame or frame works  Act of God Perils

#### SUM TO BE INSURED

Sr. No.	Type of Glass	Location of Plate Glass (front / rear / side)	No. of Panes	Size Height x Width (in cms)	Total Value of Plate Glass
1.	Plain Glass				
2.	Ornamental Glass				
3.	Corner Glass				
4.	Special type of glass*				

\* Please furnish necessary details like colour photographs, invoice/purchase/acquisition details, manufacturer, year of manufacture, etc.

11. Please provide the claims details for the risk to be insured including the amount claimed and claims settled.

Date of Loss	Details of Loss / Damage	Claim Amount (₹)	Name of Insurers

12. Has any insurance company in the past, in respect of Plate Glass insurance:

Declined your proposal  Cancelled or refused to renew your policy

Accepted your proposal on special terms and conditions.

If Yes, then please provide details: .....

#### DECLARATION

I/We hereby declare that the statements made by me/us in this Proposal Form 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 L&T GENERAL INSURANCE COMPANY 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 L&T GENERAL INSURANCE COMPANY LIMITED immediately.

I/We authorize L&T General Insurance Company Limited to share my/our contact information like name, company name, address, phone number and e-mail id etc. relating to me / us, with their affiliate/group companies and also for communicating any promotional marketing offers and other transactional / features / products / services of L&T General Insurance Company Limited and its affiliate group companies via  SMS  Telephone

Place: .....

Date: .....

Signature of Proposer

#### PROHIBITION OF REBATE - SECTION 41 OF THE INSURANCE ACT 1938

1. No person shall allow or offer to allow, either directly or indirectly, as inducement to any person to take out renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the 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.

2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to ₹ 500/-.