

# First Assurance Company Ltd.

REGISTERED OFFICE:

4th Floor, Yaya Centre, Argwings Kodhek Road,

P.O. Box 30064/76190, Nairobi, Kenya. Tel: 567374/9/80/89, 567390/2/4, Fax: 567433



## PROPOSAL FOR PLATE GLASS INSURANCE

FULL NAME OF PROPOSER .....  
(If a firm, state title and full names of partners)

FULL ADDRESS .....

<p>1. Situation of premises in which the glass is contained</p>	<p>1. Plot No. .... (a) Street/Road..... (b) Town.....</p>
<p>2. (a) Whether occupied by Proposer? ..... (if not, please state whether unoccupied or give tenant's name) (b) Trade or Business carried on .....</p>	<p>2. (a) ..... (b) .....</p>
<p>3. (a) Do you know of any special risk to which the glass is exposed (e.g., on a street corner)? ..... (b) Is any of the glass cracked or otherwise damaged? ..... If so, give particulars. (c) Are any of the squares movable? ..... (d) Is any of the glass within 0.6 metres of the ground level? ...</p>	<p>3. (a) ..... (b) ..... (c) ..... (d) .....</p>
<p>4. How many breakages have occurred within the past three years?</p>	<p>4. ....</p>
<p>5. (a) Has the risk been previously insured? If so, with what Insurers? .....  Has any Insurer ever (b) declined your proposal for or (c) cancelled or refused to renew or (d) demanded special terms for the } your glass renewal of } insurance? If so, give details</p>	<p>5. (a) ..... (b) ..... (c) ..... (d) .....</p>
<p>6. Could a breakage be replaced by a firm of glaziers in the neighbourhood? If so, what is the address of the nearest firm?</p>	<p>6. ....</p>

7 PERIOD for which insurance is required: From ..... 19..... to ..... 19.....

### DESCRIPTION OF GLASS

ITEM	TYPE	SQUARE METERS	VALUE
1	All fixed External plain Plate Glass		
2	All fixed Internal Plain Plate Glass		
3	In staircases display counters Mirrors		
4	Lettering Signing Ornamental work		
5	other (not described above)		
<b>Total Sum Insured</b>			

**NOTE: 1. All Glass must be included. No Insurance will be granted in respect of a portion only of the glass, either as regards quantity or value.**

I/We desire to effect with FIRST ASSURANCE COMPANY LIMITED, a policy in the Company's usual form for this class of insurance, and on the warranty that the above statements are true and complete and that nothing materially affecting the risk has been concealed or withheld.

Date .....

Signature .....