

MAYFAIR INSURANCE COMPANY RWANDA LIMITED

Kigali Heights, Ground Floor
KG 7 AVE, Kigali, Rwanda
P.O Box 1380 Kigali, Rwanda
Tel: +250 788 381 844
Email: info@mayfair.co.rw



PLATE GLASS INSURANCE PROPOSAL FORM

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable.

Name of Agent/Broker _____

PARTICULARS OF THE PROPOSER

Name of the proposer (in full) _____

Postal Address P.O. Box _____ Town _____

Telephone _____

Period of Insurance: From _____ To _____

PIN Number (Attach copy of certificate) _____

PARTICULARS OF INSURANCE

(i) Have you in the past been insured for this type of cover?
If YES, please give name(s) of insurer(s) YES NO

(ii) Are you currently insured for this type of cover?
If YES, please give name of insurers YES NO

iii) Has any office of Insurance Company, or underwriter ever:

a) Cancelled your policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b) Declined to insure you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c) Refused to renew your policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d) Impose any special terms	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e) Repudiated any claim?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If the answer to any of the above is YES, please give details. _____

CLAIMS EXPERIENCE

(i) Have you ever suffered a loss in connection with the type of insurance now proposed?
If YES, give details of last loss as under. YES NO

a) Date of loss _____

b) Amount of loss _____

c) Cause of loss _____

Name of Insurance Company with which the claim was made _____

If you suffered more than one loss give brief particulars of each loss _____

PARTICULARS OF PREMISES

Give all relevant details of the situation of premises in which the glass is fixed

Name of building _____

Plot Number _____

Street _____

Town _____

Are the premises situated at a street corner or exposed to any special risk?

YES

NO

If yes, please specify _____

Give details of the nature of business or trade carried out in the premises

1. Are you the owner of the premises or a tenant? _____

2. Are you responsible for the repairs? _____

YES

NO

3. Is/Are any of the glass now broken or cracked? _____

YES

NO

If YES, describe its position and size _____

PARTICULARS OF GLASS TO BE INSURED

Position Specify whether shop front, door, showcase, display window, mirror, etc	Description State whether plate or sheet, plain, rough, bent, silvered, embossed, stained, lettered, painted or ornamented	Size of each piece			No. of pieces	Insured's Estimate of value
		Height in mm	Width in mm	Thickness in mm		

DECLARATION

I/We hereby declare that the above information is true and correct to the best of my/our knowledge and belief, and I/we further agree that this proposal and declaration shall be the basis of the contract between me/us and the Company. I/We further agree to accept a policy subject to the conditions prescribed by the Company.

Date of proposal _____ Signature and stamp of proposer _____

THE LIABILITY OF COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID

FOR OFFICIAL USE ONLY

Branch Manager / Authorised Person(s) Signature _____ Date _____