

1. Proposer's Name 2. Address **PIN CODE** 3. Occupation/Profession 4. Situation of the Premises in which the Plate Glass is Contained. **PIN CODE** 5. Name of the Business carried on in the premises. 6. Are the Premises situated at the corner of a street or exposed to any special risk? 7. Are you the Proprietor or Tenant? 8. Is there any glass in the Premises not included in the Schedule? If so, specify details. 9. Is there at present any broken or damaged glass? If so, describe its position and size. 10. Have there been any previous Breakage? If so, give particulars 11. Has the risk been previously insured? If so The Name of Insurance Company a) Policy No. b) Period c) Rate Charged d) Any special terms and conditions imposed e) 12. Has any Company refused to accept or continue your insurance or increased the premium therefor? 13. Is there any other material information relevant to the acceptance of this proposal which must known by the Company? 14. For what period is insurance required? From То

PROPOSAL FORM FOR PLATE GLASS INSURANCE



PARTICULARS OF GLASS TO BE INSURED					
Position of each square of pane of glass	Height Width in in		Description of glass State whether Plain Plate or Plain Sheet Painted Rough, Silvered, Embossed, Stained, Bent or Ornamental		
	inches	inches		Value	Premium

Note: In the event of a loss/damage all Glass is considered Plain unless the contrary is specially stated in the Policy. No Lettering, Embossing Silvering, or any ornamental work is considered unless stated in the policy.

To obtain full indemnity, it is necessary to insure the properties for the full value.

I/We hereby declare and warrant that the above statements are true and complete and that I/We have withheld no information whatsoever which is material for the acceptance of this proposal. I/We agree that this declaration and the answers given above shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract and that if any untrue statement be contained or any material information is withheld or not disclosed therein the said contract shall become absolutely null and void I/We undertake to exercise all reasonable precautions for the care and maintenance of the property and I/We agree to accept the Policy in the form issued by the Company subject to the terms, exceptions and conditions prescribed therein or endorsed on the Policy.

Place:

Date:

Signature of the Proposer

The liability of the Company does not commence until the Company has accepted this proposal and the Premium received

N.B. Fill the form in Block Letters. If the above space is not sufficient for answer please continue on a separate sheet and attach hereto.

6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai 400 059. Toll-free No. 1800-2-700-700 Fax: 91 22 6638 3699 care@hdfcergo.com www.hdfcergo.com Registered Office: Ramon House, H. T. Parekh Marg, 169, Backbay Reclamation, Mumbai 400 020.



SECTION 41 PROHIBITION OF REBATES

- 1. No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an Insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole of the commission payable or any rebate of the premium shown in 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 provisions of this section shall be punishable with fine which may extend to Rs 500/- (Rupees Five Hundred)

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