

TRINIDAD & TOBAGO INSURANCE LIMITED

11 MARAVAL ROAD, PORT-OF-SPAIN, TRINIDAD, W.I.

BUSINESS PREMISES GLASS PROPOSAL FORM

TO BE COMPLETED BY THE PROPOSER

Note :—Please give a definite answer to each question—Ticks or dashes are not sufficient.

1. Name of Proposer (In full) _____
2. Address of Proposer (In full) _____
3. Address of Premises to be insured _____
4. Nature of business _____
5. Do you wish to insure (a) All Glass in Shopfront? _____ (b) All Glass in the premises? _____
(c) Neon, Fluorescent or Tungsten Tubes? _____ (d) Other special cover? _____
6. Do you wish to insure against damage to Framework of Shopfront? _____ If so, state value \$ _____
7. Do you wish to insure against damage to goods in window? _____ If so, state value \$ _____
Also state maximum value of any one article \$ _____
8. What breakages have occurred during the last twelve months and from what causes? _____
9. Have you previously applied to any Company or Underwriters for Insurance against any of the risks now proposed and been declined (a) at these Premises? _____ (b) Elsewhere? _____
10. Has any such Insurance of yours ever been declined by any Company or Underwriters on Renewal, or an increased premium or special conditions required (a) at these Premises? _____ (b) Elsewhere? _____
11. Please state the date on which the Policy is to become renewable _____
12. Do you already insure the property against any of the perils covered by this Proposal? _____
If so, state name of Company _____

I declare that the above statements are true to the best of my knowledge and belief, and that the Glass hereafter specified in connection with this Proposal is, unless otherwise stated, whole and in good condition, and is the only Glass in the building which I wish to insure.

Dated this _____ day of _____ 19 _____

Proposer's Signature _____

Agent at _____

PARTICULARS OF GLASS TO BE INSURED (If necessary, please ask us to send our Surveyor) :—

Number of Squares	DESCRIPTION OF GLASS Whether 1/4 inch Plate or Sheet and if Plain, Rough, Silvered, Embossed or Bent	POSITION OF GLASS Front, Return, Door, Fanlight, Mirror, Partition, Showcase, or otherwise	SIZE OF EACH SQUARE IN INCHES Add 1/2 inch each way for the frame		Number of Superficial feet in each Square	Tariff	Value of Painted, Gilt, or Special Glass	REMARKS
			Height	Width				

Continuation Sheets supplied on request

FOR OFFICE USE ONLY :—

POLICY No. _____

PREMIUM CALCULATION

Glass as per schedule	\$	Annual Premium	\$
Neon, Fluorescent or Tungsten tubes	\$	Odd Time	\$
Shopfront at _____ per cent.	\$	Less Return under Policy No.	\$
Goods in Windows \$ _____ at _____ per cent.	\$	First Premium	\$
Annual Premium	\$		

Agency _____

Debit Note No. _____ From _____ 19 _____ to _____ 19 _____