



INTRA AFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

HEAD OFFICE

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BRANCH OFFICE

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E-mail centrepoin@intraafrica.co.ke

PLATE GLASS INSURANCE PROPOSAL FORM.

Agency name: _____

1. SECTION 1: BUSINESS DETAILS

A. Full name of proposer _____

B. Pin number(please attach copy): _____

C. Certificate of Registration/Incorporation/ID/Passport

(Please Attach copy) _____

D. Contact Details:

Mobile: _____ Email: _____

Postal: _____ Code: _____ Town/City: _____

Web: _____ Fax: _____ Tel: _____

Occupation: _____

2. Period of Insurance: From: _____ To: _____

3. Is the glass mentioned below free from cracks and other defects? _____

4. Do you desire to insure damage to woodwork of showcases or window frame? _____

This additional cover can be obtained at a premium of 5% on the declared value of the wood work.

5. Are the premises at the corner of a street or subject to any extra risk? _____

6. Does this proposal include all the insurable glass at the premises? _____

7. Have the premises been erected or altered during the last twelve months? _____

8. What breakages (if any) have occurred during the last twelve months? _____

9. Is the Glass insured at present? _____ Yes/No

If so, with what Company? _____

10. Has any Company

Declined to accept or renew the insurance: _____ Yes/No

Imposed a special condition? _____ Yes/No

If Yes, give details: _____

Item No	no of squares	Whether plate or sheet, and whether plain, lettered, stained, silvered or ornamented or bent or ultra-violet ray glass	Whether in front return, door, fanlight, counter case, shelf, horizontal display or mirror and whether movable	Size of each square (plane) in inches or centimeters		Value of			Total Value
				Height	Width	each plain square(pane)	lettering staining	wood work and frames	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									

RATE _____ **PREMIUM** _____

TOTAL PREMIUM: KSHS: _____

DECLARATION:

I/We hereby warrant the truth of the above statements and I/We agree a policy on the terms and subject to the conditions contained in the Company's Policy.

Date: _____ Signature of proposer: _____