



# INTRAFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

## HEAD OFFICE

Williamson House, 3<sup>rd</sup> floor, 4th Ngong Avenue, P.O. Box 43241-00100, Nairobi, Kenya.

Tel: 2712607/8/9/10/11, Fax: 254-020-2712612, 2723288

Email: [info@intrafrica.co.ke](mailto:info@intrafrica.co.ke)

[www.intrafrica.co.ke](http://www.intrafrica.co.ke)

## BRANCH OFFICE

Centre Point House, 2nd floor, Parklands Road, P.O. Box 49884-00100, Nairobi, Kenya.

Tel: 020 3743991/955, Fax 020 3743460

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### 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: \_\_\_\_\_