

# MAYFAIR INSURANCE COMPANY LIMITED

8<sup>TH</sup> FLOOR MAYFAIR CENTRE, RALPH BUNCHE ROAD

P.O. BOX 45161 – 00100, NAIROBI, KENYA

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## 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 do hereby declare and warrant that the above statements are true and complete. I/We desire to effect an insurance as described herein with the Company, 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 \_\_\_\_\_