



## PLATE GLASS INSURANCE PROPOSAL FORM

1)	Name and Address of the proposer	:	
2)	Occupation	:	
3)	Period of Insurance	:	
4)	Address of the premises where glass is situated? If not occupied by the proposer state business carried on	:	
5)	Is any of the glass now broken, scratched or damaged or insecurely fixed or glazed?	:	
6)	Are frames, lintels door jambs in sound condition	:	
7)	Schedule of Glass to be insured. Please state specification like position, height, weight, value etc		
8)	Do you require cover for external glass?		
9)	Do you require cover for internal glass? If so state number of counter cases/wall and display cases/loose shelves or pieces of other glass, including glass in internal doors, partitions, windows, screens etc		
13)	Has any insurance Company:		
	a) Declined your proposal	:	
	b) Imposed special conditions or increased the rate	:	
	c) refused to renew your insurance or cancelled	:	

I /We hereby declare that the above information given is full and true to the best of my knowledge and belief

Date :

Signature of the proposer

In case of any requirements or clarification, kindly contact our FGA  
 Department Tel: 2477200 Ext. 189-190-191-192, Administration Department  
 Fax: 2477100 , Technical Departments Fax: 2476174 , E-mail Address:  
 info@aintakaful.com