

PLATE GLASS INSURANCE PROPOSAL FORM

1. Name of Proposer in full:

2. Address:

3. (a) Address of premises in which Glass is contained

(b) Are the premises situated at the corner of a street, near a school or children's playground, or in a dangerous or exposed position?

4. What business is carried on in the premises in which the Glass is contained.

5. Is any of the Glass cracked or otherwise damaged? Yes No
(Cracked or damaged glass may be included in the proposal but the liability of the company does not commence until the imperfect glass has been replaced by sound glass).

6. State any breakages (if any) that have occurred during the last twelve months, and How caused?

7. Have the premises where the Glass is fixed been erected or altered during the last twelve months? Yes No
 If so give date of completion or details of alterations

8. Do you wish to insure Lettering or painting? Yes No If so please state value in the table below.

9. Do you desire to insure Damage to woodwork of show-cases or window frames? Yes No
 If so, please indicate value in the table below.

GLASS TO BE INSURED

The Shop Front is deemed to mean the windows, doors returns, paclas stall boards, transoms and fanlights on the ground of the premises.

Item No.	No. of squares (panes)	Whether plate or sheet, and whether plain, lettered, stained, silvered or ornamented or Bent or ultraviolet ray glass	Whether in Front, Return Door, fanlight, Counter Case, Shelf, Horizontal Display or Mirror etc., and whether Moveable	Size of each square (pane) in inches		Value of:			Total value
				Height	Width	Each plain square (pane)	Lettering, staining etc.	Woodwork and frames	

NOTE: All Glass shelves, Lamps, signs, etc. If they have to be insured MUST be described in col (3) above and valued in col (8). All Glass is considered plain unless the contrary is specifically stated in the policy and no lettering, Embossing, silvering or any ornamental work is considered insured unless described therein and the additional premium paid thereon

DECLARATION

I/We desire to insure with the Company against the risks specified. /We warrant that the above statements made by me/us or on my/our behalf are true and correct and that nothing materially affecting the risk has been concealed by me/us and I/We agree that this proposal shall be incorporated in and taken as the basis of the proposed contract between me/us and CANNON GENERAL INSURANCE (KENYA) LTD. We agree to accept a policy in the company's usual form under this class of insurance.

Dated: Signature of Proposer:

MOTOR PRIVATE PROPOSAL FORM

Important Notice: When completing the proposal or having your agent complete it for your signature, you should complete all questions fully. Failure to disclose all facts may invalidate the cover under your policy and it is an offence to make false statements or withhold any material information (whether you consider material or not) for the purpose of obtaining a certificate of Motor Insurance.

Agent: _____ **Policy No:** _____

1. Name of Customer	
2. Postal Address and Code	
3. Tel/ Mobile No.	
4. National ID no.	
5. KRA Pin No.	
6. Occupation/Business	
7. Email Address	
8. Period of Insurance	From: _____ To: _____
9. Description of the Vehicle	Registration:
	Make & Model of Vehicle
	Type of Body :
	Year of Manufacture:
	Chassis number:
	Engine number:
	Engine capacity
	Seating capacity
	Date of purchase
	Sum Insured Kshs:
10. What Cover is required: (Please tick)	(a) Comprehensive (b) Third Party Fire & Theft (c) Third Party Only
11. State the Use of Motor Vehicle	(a) Use for social, domestic, pleasure purpose and own business
	(b) Use for Hire and Reward or any purpose for which you receive payment
12. Who will drive the Vehicle	(a) Yourself and Spouse (b) Authorised Driver
13. Cover Extensions	<input type="checkbox"/> Windscreen/Window glass: State Limit kshs <input type="checkbox"/> Entertainment Unit: State Limit Kshs <input type="checkbox"/> Any Other Accessories: Indicate..... <div style="text-align: right;">Limit Kshs.....</div> <input type="checkbox"/> Loss of use : <input type="checkbox"/> Political Violence & Terrorism <input type="checkbox"/> Own Damage Excess Protector
14. Is the vehicle unique or has been converted or modified in any way	Yes.....No..... If yes, please give details
15. Have you ever been involved in an accident(s) Theft whilst handling any motor vehicle? If yes please give details	(If entitled to No Claim Discount, Please provide written proof)
16. Name of Previous Insurer	
17. Name of registered owner of Vehicle	(Please provide copy of log book)
18. Is a Finance Company or other Party Financially interested in the car	If Yes, Please give details
19. Is the Vehicle fitted with appropriate Anti-Theft Device:	If Yes, state Type/Make of device: <i>(The Company does not provide theft cover for entertainment unit & other accessories if Anti-theft device is not operational when vehicle is left unattended)</i>

Declaration

I/We warrant that the above statements are true, and that I/we have not withheld or concealed anything affecting the proposed insurance, and I/We agree that this proposal shall be the basis of the contract between Me/Us and The Metropolitan Cannon General Insurance Ltd. I/We agree to accept the Company's Policy applicable to the insurance. I have been explained to my satisfaction on the scope of cover for this Insurance I am proposing.

Name: _____

Customer's signature: _____ Date: _____



annon General Insurance (K) Limited

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regulated by the Insurance Regulatory Authority

