



**አንበሳ ኢንሹራንስ ኩባንያ (አ.ማ.)**  
**LION INSURANCE COMPANY (S.C.)**

**☎: 251 - 116 - 187000**

**Fax: 251 - 116 - 632940**

**Head office, Comet Building, Haile G/Selassie Street**

**P.O.Box 26281/1000**

**Addis Ababa**

**PLATE GLASS PROPOSAL FORM**

1. Proposer's Name \_\_\_\_\_ And Address \_\_\_\_\_

Trade/Business \_\_\_\_\_ And Address \_\_\_\_\_

Address of Premises in which glass is contained \_\_\_\_\_

\_\_\_\_\_

2. What business is carried on in the premises in which Glass is contained? \_\_\_\_\_

\_\_\_\_\_

3. Is any of the Glass to be insured cracked or otherwise damaged? If so, particulars should be given \_\_\_\_\_

4. State the kind of Shutters used to protect windows \_\_\_\_\_

\_\_\_\_\_

5. Are any of the squares of Glass moveable? \_\_\_\_\_

\_\_\_\_\_

6. What breakages have occurred during the last twelve months, and from what causes? \_\_\_\_\_

\_\_\_\_\_

7. Is the glass exposed to any special risk? If so, particulars should be given? \_\_\_\_\_

\_\_\_\_\_

8. Are the premises empty? \_\_\_\_\_

\_\_\_\_\_

9. Is the woodwork of this shop front, and the window frames in good and sound condition? \_\_\_\_\_

\_\_\_\_\_

10. Has any insurer insuring against breakage of Glass, declined a Proposal from you or declined to renew its Policy or demanded an increased rate for renewal? If so, particulars should be given \_\_\_\_\_  
\_\_\_\_\_

11. Has the risk been previously insured? If so, with which insurer? \_\_\_\_\_  
\_\_\_\_\_

a) Are you insured against Fire? \_\_\_\_\_

b) If so, for what sum? \_\_\_\_\_  
\_\_\_\_\_

c) Name of Office and if with this Company the number of the Policy. \_\_\_\_\_  
\_\_\_\_\_

### **EXTENSIONS OF COVER**

Is it desired to cover the cost of painting, lettering or other ornamentation on the glass? If so, give details and the respective values \_\_\_\_\_  
\_\_\_\_\_

Is cover required in respect of:-

a) Accidental breakage of Neon signs?  
If so, state the number, position and value of each (a) \_\_\_\_\_

b) Damage to the Window Frames of the Shop front? (b) \_\_\_\_\_

c) Accidental breakage of fluorescent lighting fitments (other than tubes) and Electric Light Bowls? If so give the number and value (c) \_\_\_\_\_

d) Damage to window displays by impact or falling glass? If so, state the maximum value of any display and the highest value of anyone item d) \_\_\_\_\_

**SCHEDULE OF GLASS TO BE INSURED**

Position of Glass to be insured, whether in the shop front return door, fanlight or inside shop	Number of Squares or panes	Is the Glass plate or sheet or leaded lights and is it plain, silvered, embossed bent, stained, lettered or ornamented armoured or toughened?	Size of each square or pane in inches		Size of each square or pane super feet	Value
			Height	Width		

**DECLARATION:** I We hereby declare that the above answers and statements are true and correct and that I/We have withheld no information whatever material to this proposal. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Company and further agree to accept the usual policy of the Company subject to the terms and conditions therein contained.

***Note-** In the event of breakage the loss is assessed as for plain glass, unless the contrary is expressly stated in the Policy. I desire to effect an insurance as set forth above, and warrant that the above statements are true and comp*

**Date** \_\_\_\_\_

**Proposer's Signature** \_\_\_\_\_

**Producer** \_\_\_\_\_

**Underwriter** \_\_\_\_\_