



## **GLASS INSURANCE**

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The Company insures all types of glass in all kinds of premises.

In most cases a quotation can be given on receipt of completed proposal form.

If a survey is necessary it is carried out speedily, free of expense, and a premium can be quoted without delay.

The policy can be transferred from the outgoing to the incoming tenant and no charges is made for the transfer.

### **DAMAGE TO SHOP FRONTS AND CONTENTS**

For additional premium the policy may be extended to insure the shop front, excluding the glass but including the sun blinds, and contents against any loss or damage caused by a road vehicle, horses or cattle not belonging to or under the control of the insured or member of his family or any person resident on the premises.

# GEMINIA INSURANCE COMPANY LIMITED

6TH FLOOR, GEMINIA INSURANCE PLAZA, KILIMANJARO AVENUE  
P.O. BOX 61316 CITY SQUARE NAIROBI 00200 KENYA TELEPHONE: 2782000  
E-MAIL: info@gemina.co.ke

Policy No. ....

Agency. ....

## PROPOSAL FOR GLASS INSURANCE

Name in full. ....

Business address. ....

### PARTICULARS OF PREMISES CONTAINING THE GLASS

Address. ....

Name of occupier. ....

Trade or business. ....

1. Is the glass exposed to any special risk? If so give full particulars .....

Date	Cause	Cost
2. State what breakages (if any) have occurred during the past three years and from what causes. ....		

3. (a) Are you at present insured or (b) have you ever proposed for insurance in respect of glass risks? .....	(a)	(b)	Name of company }
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4. Has any proposal or renewal been (a) declined, (b) withdrawn or (c) Subjected to an increased rate or special conditions? .....	(a)	(b)	(c)
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5. If you want the shop front extension overleaf, please state:

(a) (I) length of road frontage in feet and (ii) construction of shop front (wood, stone, metal, etc.) .....	(a) (I)	(ii)
(b) estimated value of (I) the shop front and (ii) contents thereof .....	(b) (I)	(ii)
(c) whether the shop front and contents have been damaged by any road vehicle, horses or cattle .....	(c)	

### PARTICULARS OF GLASS TO BE INSURED

No. of squares	(a) Whether plate or sheet and (b) whether plain, rough, silvered, bent, embossed, stained, lettered, or ornamental	Whether in window, door, fanlight, mirror or show case, also whether horizontally fixed or movable in racks or holders	Size of each square inches		Superficial feet in each square	Value of ornamental or special glass, painting or lettering	Premium
			Height	Width			
	(a) (b)						

6. (a) Are the squares described above free from cracks and other defects? .....	(a)
(b) Is the framework in a sound state or repair? .....	(b)

7. (a) Do the above squares represent all the external / internal glass in the premises? .....	(a)
(b) If so, do you undertake to give immediate advice to the Company of all additions and alterations to the glass? .....	(b)

INSURANCE FOR 12 MONTHS FROM \_\_\_\_\_

GLASS SHOP FRONT EXTENSION \_\_\_\_\_

ANNUAL PREMIUM \_\_\_\_\_

FIRST PREMIUM \_\_\_\_\_

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 Company. I/We agree also to accept the company's policy applicable to the insurance.

Date .....20. .... Signature .....

#### AGENTS RECOMMENDATION

I have known the proposer ..... years and recommend acceptance of the Proposal. } Agent

The liability of the Company does not commence until the acceptance of the proposal has been intimated by the Company, or official cover-note issued.