

PLATE GLASS AND NEON SIGNS/GLOW SIGN INSURANCE POLICY PROPOSAL FORM

Name of the Proposer						
Address of the Proposer						
Name of Person to whom the policy has to be dispatched		Telephone No.			Fax No.	
		E Mail ID				
Agent /Broker Name				Agent /Broker Code		
Period of Insurance		From	____ hrs ____ / ____ / ____ <small>(dd/mm/yyyy)</small>	To midnight of	____ / ____ / ____ <small>(dd/mm/yyyy)</small>	
Occupation/ Business Activity						
Paid Up Capital						
Details of Locations to be covered under the policy						
Sr. No.	Risk location Address			District	Pin Code	
1.						
2.						
3.						
4.						
5.						
Details of Plate Glass and Neon Signs/Glow Signs to be insured						
Sr. No.	Location / Position in the premises	Type of Plate Glass/Glow sign/ Neon Sign	Dimensions of Plate Glass/ Glow Sign/ Neon Sign	State whether plain plate or plain sheet, painted, rough, silvered, embossed, stained, bent or ornamental.		Sum Insured
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Note : (If the space provided is not sufficient separate sheet to be attached)						

Note: In the event of loss, all glass shall be considered as plain unless the contrary shall have been specially stated hereinabove.			
Are the premises situated at the corner of a street or exposed to any special risk?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there at present any broken or damaged Plate Glass/Neon Sign / Glow Sign? If so, please describe its position and size.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the risk been previously insured?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any Company refused to accept or continue your insurance or increased the premium thereof?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Premium Summary (All amounts in Rs.)			
Total Premium			
Less: Discount if any			
Premium After Discount			
Add: Service Tax (as applicable)			
Total Amount			
Past Loss Record			
Date of Loss	Incident & Cause	Loss Amount	Improvement Made after the Loss
Declaration			
<p>I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Raheja QBE General Insurance Co. Ltd and I/We agree to accept a policy in the standard form of and, subject to the conditions prescribed by Raheja QBE General Insurance Co. Ltd. and to pay premium on the amount estimated above at the end of each policy period. I /We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.</p>			
Date :	Place:	Signature of Proposer : _____	
Premium Collection Particulars			
Amount (Cheque/DD):		Cheque/DD No. :	
Cheque/DD Date :		Place :	
Section 41 of Insurance Act, 1938			
<p>No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.</p> <p>Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Five Hundred Rupees.</p>			