

Glass Insurance Proposal

Applicant Details		
Name of applicant(s)		Nature of the business
Mailing address (including Postcode)		
Business phone number	Cell phone number	Email address
Location(s) of property to be insured		
Insurance start date (MM/DD/YYYY)		

General Questions		
	Yes	No
1. Do you have any policies with Argus? If so state details below	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the premises in which the glass is situated used for purposes other than those involving the Proposer's occupation? If so, state details below.	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any insurer ever cancelled, declined to accept or renew your Glass Insurance Policy or imposed special terms? If so, state details below.	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you presently insured in respect of any of the risks now proposed? If so, state the details below.	<input type="checkbox"/>	<input type="checkbox"/>
Name of the Insurer <input type="text"/>	Sum insured \$ <input type="text"/>	
5. Have any breakages or damage occurred during the past five years? If so, state the details below	<input type="checkbox"/>	<input type="checkbox"/>
6. Are the premises at the corner of a street? If so, state the details below.	<input type="checkbox"/>	<input type="checkbox"/>
7. In determining the amount of loss payable, all glass will be considered as plain plate of ordinary glazing quality unless stated specifically in the Schedule. If you wish to have coverage for glass that is not a plain plate glazing, state the details below		
<i>If you have answered "Yes" to questions 1 to 6 or need to include details for question 7 please provide relevant details and information in the space below.</i>		



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Policy Cover

All fixed external plate glass

Sum insured \$

Declaration

Please read the following carefully as the information given by you forms the basis of the contract with Argus Insurance Company Ltd (the "Company"). Any misrepresentation or non-disclosure or failure to disclose any material fact may result in the avoidance of the policy. All material facts must be disclosed. A material fact is one that is likely to influence the Company in the assessment and acceptance of any Application. If you are in any doubt as to whether a fact is material, it must be disclosed here.

Please give details below.

THE COMPANY RESERVES THE RIGHT TO DECLINE ANY PROPOSAL OR TO IMPOSE SPECIAL TERMS.

I DECLARE that, to the best of my knowledge and belief, the information provided in this application, which I have read over and checked, is true and complete.

I AGREE and ACKNOWLEDGE that this application forms the basis of the contract between me and the Company. I have withheld no information material to the Application whether it is the subject of a specific question or not. I agree to accept and conform with the terms of the policy.

- I hereby authorize the Company to collect and use my personal data with (1) other members of the Argus Group of companies for the purpose of improving customer service, developing new product and marketing; and (2) with those service providers contracted by the Argus Group of companies for the sole purpose of administering those products, pensions or policies that affect me.
- I hereby authorize the Company to forward relevant documentation to the email address I have supplied.

Signature of Proposer

Signature of Underwriter

Date (MM/DD/YYYY)

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