



**PROPOSAL FOR GLASS INSURANCE**

1. Name of Proposer in Full :
2. Address :
3. Address of Premises in which Glass is contained :
4. What business is carried on in the Premises in which Glass in contained :
5. Is any of the Glass to be insured cracked or otherwise damaged ? :
- If so, particulars should be given? :

Glass damaged when the Insurance is effected will not be covered (unless by special arrangement) until it has been replaced. Particulars must be given a rough sketch is desirable, so that such glass may be excluded from the policy or made subject to a special restrictive endorsement :

6. State the kind of shutter used to protect windows :
7. Are any of the squares of Glass moveable? :
8. What Breakages have occurred during the last 2 months and from what causes ? :
9. Is the Glass exposed to any special risk? :
- If so, particulars should be given :
10. Has any Office or Insurer insuring against breakage of Glass declined a Proposal Form you or declined to renew its policy, or demanded an increased rate for renewal? :
- If, so, particulars should be given. :

**SOLARELLE Claims and 24/7 Customer Service**

**Hotline: 1413**

Call maybe recorded for Insurance procedure quality purposes.

**Solarelle Insurance Pvt Ltd**

<sup>st</sup> Floor, ADK Tower, H. Ran Ribudhooge

Ameeru Ahmed Magu, Male',

Postal Code: 20096

Tel: +960 3300099 Fax: +960 3300095

Email : [info@solarelleinsurance.com](mailto:info@solarelleinsurance.com)

Web : [www.solarelleinsurance.com](http://www.solarelleinsurance.com)



11. Has the risk been previously insured?  
If so, please give details ? :

(a) Name of Insurer :  
(b) Sum Insured :

12. Has the premises been insured against  
Fire ? :

If so, please give details :

(a) Name of Insurer :  
(b) Sum Insured :  
(c) Policy Number :

13. Period of Insurance : From: To:

I hereby declare that the above answers are true and complete and that I have withheld no information whatever material to this proposal. I agree that this proposal and declaration and the truth and completeness of the answers herein shall be the basis of the contract between me and the SOLARELLE INSURANCE PVT LTD . If the answers now given by me cease to be true and/or complete, I undertake to give immediate written notification to the SOLARELLE. I further agree to accept the usual form of policy issued by the SOLARELLE subject to the terms and conditions therein contained.

Date :

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Signature of Proposer

**LIABILITY OF THE SOLARELLE INSURANCE PVT LTD DOES NOT COMMENCE UNTIL THE PROPOSAL IS ACCEPTED AND COVER CONFIRMED IN WRITING**

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FOR OFFICE USE ONLY

Proposal No. :		Initials	Date
Policy No. :	Rated & Calculated		
	Checked		
	Accepted		

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