

## PROPOSAL FORM - NEON SIGN INSURANCE

1. Name of Proposer: \_\_\_\_\_
2. Address of Proposer : \_\_\_\_\_
3. Period of Insurance Proposed: From: \_\_\_\_\_ To: \_\_\_\_\_
4. Business : \_\_\_\_\_
5. (i) Premises at which the neon sign is fixed. \_\_\_\_\_
  - a. How far from the public highway? \_\_\_\_\_
  - b. The height from the ground level? \_\_\_\_\_
    - If installed in a storeyed building, Describe the number of storeys & Other occupants. \_\_\_\_\_
    - Size of the neon sign, length, width & the number of letters. \_\_\_\_\_
  - c. Please state whether the neon sign is enclosed or on a board which has its glittering unprotected: \_\_\_\_\_
  - d. Do you carry out maintenance, and if so how often? \_\_\_\_\_
  - e. The Value to be insured: \_\_\_\_\_
  - f. Date of Installation: \_\_\_\_\_
  - g. Were repairs carried out: \_\_\_\_\_
6. How long the proposer has been in business at the above address and how often the maintenance work of the neon sign is carried out? \_\_\_\_\_
7. Is the neon sign proposed for insurance , already been covered under any other insurance ? if so give the name & address of the insurance company. \_\_\_\_\_
8. Has any insurer ever declined your proposal, refused to renew your policy, required an increased premium or imposed special terms? If so, please give particulars :

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9. Have you ever sustained a loss or damage to the neon sign caused by fire, lightning, accidental damages etc.? If so, please give details i.e. amount claimed, amount recovered.

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**DECLARATION:**

I/we declare that the statements and particulars in this proposal are true and that no material facts have been mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied, shall form the basis of any contract of insurance effected thereon. I undertake to inform the insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Signed for and on behalf of: (Name of Insured)

By: (Name and Position/Title of Proposer)

Date:

S-VAT Reg. No .....


NIC No : 


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VAT Reg. No .....

Company Reg. No : .....

Contact No :

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*Signing this proposal does not bind the proposer to complete this insurance.*