

# QBE Commercial Supplementary Proposal - Plate Glass Insurance

QBE Pacific Islands



## A. Instructions

Please use this proposal in conjunction with your QBE Commercial Proposal

## B. Insurance cover

Interest insured	Please (✓)	Sum insured (replacement value *)
Internal glass	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
External glass	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
If "Yes" to external glass		
<input type="checkbox"/> Commercial property, factory, warehouse or		<input type="text"/>
<input type="checkbox"/> Shops/Offices	<input type="checkbox"/> up to 9 sqm or single front	<input type="text"/>
	<input type="checkbox"/> over 9 sqm to 15 sqm or double front	<input type="text"/>
	<input type="checkbox"/> over 15 sqm or multi front	<input type="text"/>
Type of glass	<input type="checkbox"/> Stained <input type="checkbox"/> Toughened <input type="checkbox"/> Silvered <input type="checkbox"/> Embossed	
Additional benefits (the following automatic covers are provided when external glass is insured)	Automatic cover Please (✓) when applicable	Sum insured instead of automatic cover *
Signwriting, ornamentation, reflective materials	<input type="checkbox"/>	<input type="text"/>
burglar alarms tapes and connections	<input type="checkbox"/>	<input type="text"/>
Shop fronts, window and door frames	<input type="checkbox"/>	<input type="text"/>
Temporary shuttering	<input type="checkbox"/>	<input type="text"/>
Damage to property by breakage of glass	<input type="checkbox"/>	<input type="text"/>
Damage to electrically illuminated signs	<input type="checkbox"/>	<input type="text"/>

## C. Supplementary proposal declaration

The answers and statements made in the QBE Commercial Proposal also apply to the cover being applied for under this Supplementary Proposal. The answers to the questions in this Supplementary Proposal for Plate Glass are also subject to the declaration in the QBE Commercial Proposal.

Policyholder 1		Policyholder 2	
Name	<input type="text"/>	Name	<input type="text"/>
Position	<input type="text"/>	Position	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>