

Allianz Insurance Company Lanka Limited

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PROPOSAL FORM FOR CONTINGENCY INSURANCE

Intermediary Name:
Code :

Please use BLOCK LETTERS

1. Proposer :.....

Address :.....

Occupation :.....

Telephone No :..... Fax No :.....

2.Event(s) Organizer's name and address (if other than Proposer(s))

Telephone No :..... Fax No :.....

3.Name of Event(s) to be insured :.....

4.Venue(s) :.....

5.Period of Tenancy From :..... To :.....

6.Open date(s) of Event(s) From :..... To :.....

7.Type of Event(s) to be insured :.....

8.Please provide the following details :.....

(a) Budgeted Gross Income -Rs.....

(b) Budgeted Expenses -Rs.....

(c) Budgeted Nett Profit -Rs.....

9.Please show the break-down of figures stated above under the following categories:

Budgeted Income	Budgeted Expenses
*Registration Fees -Rs.....	*General Administration -Rs.....
*Rental of Facilities -Rs.....	*Printing, promotion & advertising -Rs.....
*Sponsorship -Rs.....	*Venue hire -Rs.....
Advertising income	*Facilities & equipment rental -Rs.....
*Programme -Rs.....	*Communication costs -Rs.....
*Sale of tickets prior to the Event -Rs.....	*All other expenses -Rs.....
*All other revenue -Rs.....	

10. Has/Have the Event(s) been held before? Yes No
If yes, when, where and how often?.....
.....

11. Is/Are the Event(s) held in conjunction with or dependent upon another Event? Yes No
If yes, please give full details:.....
.....

12. Will the non-appearance of any significant individual cause cancellation or abandonment?
Yes No
If yes, please give full details:.....
.....

13. Is/Are any part of the Event(s) to be held in the open air under canvass or in a temporary Structure?
Yes No
If yes, please give full details:.....
.....

14. Are you aware of any matter, fact, circumstance or incident existing or threatened that could possibly affect the Event(s) and might result in a loss? Yes No
If yes, please give full details:.....
.....
.....

15. DECLARATION

I/We declare that the above answers are true to the best of my/our knowledge and belief, and that all Material factors affecting the assessment of the risk has been disclosed.

Signed for & on behalf of the Proposer, by:

Name :.....

Position :.....

Signature :.....

Date :.....

IF THE ORGANISER OF THE EVENT IS OTHER THAN THE PROPOSER THEN THIS PROPOSAL MUST ALSO BE SIGNED BELOW BY THE ORGANISER.

In addition to the declaration above I further declare that any information provided in connection with this proposal was given after consultation with the client.

Signed for and on behalf of the Organizer by:

Name :.....

Position :.....

Signature :.....

Date :.....