

Allianz Insurance Company Lanka Limited

No103/7, Galle Road, Colombo 03

Tel: 5340555 / 5340777 Fax: 2323646

Web site: www.allianz.lk

GLASS INSURANCE PROPOSAL FORM

Intermediary Name:
Code :

Your VAT No:.....

Please use BLOCK LETTERS

01 Proposer's full Name:.....

02 Postal Address:.....
..... Phone No.....

03 All Businesses and Professions:.....

04 Period of Insurance required from:..... To:.....

05 Location of the Premises in which Glass is contained:.....
.....

06 Is any of the Glass to be insured cracked or otherwise damaged? Yes No
If yes, please give particulars with a sketch showing the relative position. (cracked or damaged Glass may be included in the Proposal but the liability of the Company does not commence unless the imperfect Glass has been replaced by sound Glass)

07 Are shutters used to protect windows? Yes No
If yes, please give details:.....
.....

08 Have any breakages occurred during the last twelve months? Yes No
If yes, please give causes:.....
.....

09 Is the Glass exposed to any special risk? Yes No
If yes, please give particulars:.....
.....

10 Has any Office or Insurer ever declined to insure You or Your property, imposed special terms or cancelled or refused to renew any insurance? Yes No
If yes, please give details:.....
.....

11 Has the risk been previously insured? Yes No
If yes, please give name of the Insurer and the sum insured:.....

12 Has the premises been Insured against Fire? Yes No
If yes, please give name of the Insurer and the sum insured:.....
.....

I/we hereby warrant that the above answers are true and complete and that I/we have withheld no information whatever material to this Proposal. I/we agree that this Proposal and declaration and the truth and completeness of the answers herein shall be the basis of the contract between me/us and Allianz Insurance Company Lanka Limited. If the answers now given by me/us cease to be true and/or complete, I/we undertake to give immediate written notification to the Company. I/we further agree to accept a Policy subject to the terms, clauses and conditions prescribed by the Company therein.

Signature of Proposer:..... Date:.....

THE INSURANCE COVER DOES NOT COMMENCE UNTIL THE PREMIUM HAS BEEN PAID AND THE ACCEPTANCE CONFIRMED BY THE COMPANY IN WRITING