

**Allianz Insurance Lanka Limited**  
**Company No – PB 323**  
No 92, Glennie Street, Colombo 02.  
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Web site: [www.allianz.lk](http://www.allianz.lk)

**Machinery All Risks Insurance Proposal Form**

Intermediary Name: .....  
Code : .....

Your VAT No:.....

01 Name of Proposer:.....

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

03 All Businesses and Professions:.....

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

05 Location of Machinery to be insured:.....

06 Do you own the Machinery proposed for Insurance?      Yes      No  
If not (a) to whom does it belong?.....  
and (b) what is your interest in the Machinery?.....

07 Maintenance:  
(a) at what intervals is maintenance effected?.....  
(b) by whom?.....  
(c) at what intervals is the Machinery overhauled?.....  
(d) by whom?.....

08 How long have the Machinery been in operation?.....

09 What are the normal working hours of the Machinery?.....

10 Give details of any defects, known to you, in the Machinery proposed:.....  
.....  
.....

11 Has the Machinery proposed or similar Machinery used by you suffered damage during the last five years?  
If so, please state:  
(a) the Machine(s) affected:.....  
(b) brief details of damage and cause:.....  
.....  
(c) cost of repair or replacement:.....

12 Do you wish to include (at additional premium);  
Express carriage and overtime costs incurred in repairs?      Yes      No  
(the normal limit is 25% of the repair cost).....

13 Do you hire out your Machinery?                      Yes                      No (please mark in Schedule as "H")  
If so, whilst it is being hired who is responsible for losses?.....

14 Who operates the Machines if not your own employees?.....  
.....

15 Are there any self propelled Machinery included in your list of Machinery?    Yes                      No  
If "Yes" please indicate by marking (\*) in Schedule

(a) Will they be driven on the roads?                      Yes                      No  
(b) Do they have Third Party Insurance cover?                      Yes                      No

16 Do you wish to extend the Insurance to cover:                      Yes                      No  
(a) Riot and Strike                      Yes                      No  
(b) Loss of Profits (supplementary Proposal Form to be filled)                      Yes                      No

17 Has any insurer declined to insure, refused to renew, required increased rates or imposed special terms in connection with the Insurance of Machinery owned by you?                      Yes                      No  
If "Yes" please give details:.....  
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