

PUBLIC LIABILITY INSURANCE PROPOSAL FORM

Intermediary Name:
Code :

Your VAT No:.....

Please use BLOCK LETTERS

Proposer's Surname Mr/Mrs:.....

Other Names:.....

Postal address:.....
..... Telephone No:.....

Nature of Business/professions:.....
.....

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

Annual Turnover: Rs.....

Limit of indemnity required for Anyone Accident (Sum Insured) Rs.....
Anyone Period (Sum Insured) Rs.....

Please describe the work undertaken in your business:.....
.....

Please describe the premises in respect of which this insurance is to apply:

- a) address:.....
- b) nature of use:.....
- c) Which parts are occupied by tenants or others?.....

Do you or your employees undertake duties away from these premises? Yes No
If yes, please give details:.....

Do you undertake any operations outside Sri Lanka? Yes No
If yes, please give details:.....

Are any of the following used in your business?

- a) asbestos, silica, explosives, chemicals or other substances involving
a health hazard, {radioactive substances or other sources of ionizing radiations? Yes No
 - b) flame cutting, welding or heat producing plant or processes
OTHER than at your own premises? Yes No
- If yes; please give details :.....

Is this insurance to apply to mechanically propelled vehicles or plant NOT licensed for road use or for which compulsory insurance is required, Lifts, escalators, cranes, hoists or any steam pressure apparatus? Yes No
 If yes, please give details:.....

Do you have facilities for loading or unloading vessels, Graft, aircraft or railway rolling stock? Yes No
 If yes, please give details:.....

How do you ensure that any sub-contractors employed by you maintain adequate liability insurance?.....

Do you hire in or hire out plant or machinery? Yes No
 If yes, please give:
 (a) type of plant
 (b) estimated hire charges.....

has any 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.....

Please give details of claims made upon you your turnover and payment made, for each of the last five years							
Year	Number of Claims	Amount of claims		Gross Turnover (i.e. all your receipts from trading activities)	Payment to all employees for		Number of employees
		Paid	Outstanding		Work at your premises	Work away from your premises	

Would you like to extend this insurance to include the following:
 (a) Products Liability (a Supplementary Proposal must also be completed) Yes No
 (b) Indemnity to other parties (names of parties?) Yes No
 (c) Occasional visits overseas by directors and employees? Yes No

I/We agree the
 (a) The particulars given in this proposal are true and complete and that this proposal shall form the basis of contract with Allianz Insurance Company Lanka Ltd.
 (b) Immediate notice will be given to the Company of any alteration in the circumstances described herein.
 (c) No insurance will be in force until this proposal has been accepted by the Company and premium paid.

(d) An accurate record of gross turnover, payments to employees or other information upon which the premium may be based, will be rendered to the Company and at the expiry of each period of Insurance will provide such details as the company may require, and the premium will be adjusted appropriately.

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PROPOSER'S SIGNATURE

.....
DATE