

BOILER AND PRESSURE VESSEL INSURANCE PROPOSAL

Intermediary Name:
Code :

Your VAT No:.....

Please use BLOCK LETTERS

Proposer's Full Name :.....

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

All business and professions:.....

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

Location of your boiler:.....
.....

What are the normal working hours of the boiler?.....

Does anybody else have a financial interest in the boiler? Yes No

If yes, please give details

Are there any faults or defects in the boiler? Yes No

If yes, please give details.....

Has this or any other boiler used by you suffered damage in the last three years? Yes No

If yes, please give details.....

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.....

What is the maximum load on the safety valves?.....

What is the normal working pressure?.....

How frequently is the boiler emptied, properly cleaned and examined?.....

Who carries out the cleaning and examination?.....
(Please attach copies of their last 2 inspection reports

What fuel is used in the boilers?.....

Are the boilers controlled full time by an operator solely engaged in attending them? Yes No

Is the boiler feed water passed through a water treatment process? Yes No

If yes, please give details:

Which of the following variations do you wish to insure:

Express carriage and overtime costs to expedite repairs? Yes No Amount.....

Airfreight costs to expedite repairs? Yes No Amount.....

Cover for the foundations of your boiler? Yes No Amount.....

Cover for the steam and feed piping? Yes No Amount.....

Damage caused to your boiler caused by its own explosion? Yes No

Damage caused to your boiler caused by fire gas explosion? Yes No

Damage caused to your other property caused by explosion of your boiler?
 Yes No Amount.....

Public liability covers for third party claims following explosion of your boiler?
 Yes No Amount.....

I/We hereby confirmed and agree that :

- a) all information and particulars given are true and complete, and that no information has been withheld which might influence the Company's decision regarding this insurance, and that I/we will accept insurance subject to the terms and conditions agreed with the Company,
- b) this Proposal will form the basis of our contract, and that no insurance will be in force until this Proposal has been accepted and the full premium paid,
- c) I/we will keep an accurate record of our turnover, payments to employees or other information upon which the premium may be based, 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.

Data Privacy

Please ensure to go through the Privacy Notice (i.e. which explains how and what type of personal data will be collected, why it is collected and to whom it is shared or disclosed etc.) which is available on the Allianz Insurance Lanka Limited/ Allianz Life Insurance Lanka Limited official website "www.allianz.lk> Home>Contact us" prior to signing of this form/ application/ document.

I/We hereby agree to receive via SMS and/or via e-mail to the mobile number and/or email address provided by me/us herein above respectively for any digital marketing purpose/s and communication of relevant information including special promotional offers of Allianz Insurance Lanka Limited/ Allianz Life Insurance Lanka Limited.

Please visit <https://www.allianz.lk/Home/Contact us/> to view Allianz Lanka Data Privacy Notice.

Signed:.....

Date:.....