

**Allianz Insurance Lanka Ltd.**

Company No: PB 5179  
 Address : No 675, Dr. Danister De Silva Mawatha, Colombo 09  
 Tel : 0112 303 300 | Fax : 0112 309 999  
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**ERECTION ALL RISKS INSURANCE PROPOSAL FORM**

Your VAT No.....  
 Please use BLOCK LETTERS

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

<p>1.</p> <p>(a) Proposer’s Name in full:</p> <p>(b) Postal Address:</p> <p>(c) Principal’s (Employer’s) Name:</p> <p>(d) Principal’s (Employer’s) Address:</p> <p>(e) Proposer’s Business Registration/NIC No:</p> <p>(f) Name and address of other interest, if any:                  (Bank or Mortgage)</p>	<p>(a) .....</p> <p>.....</p> <p>(b) .....</p> <p>.....</p> <p>(c) .....</p> <p>.....</p> <p>(d) .....</p> <p>.....</p> <p>(e) .....</p> <p>.....</p> <p>(f) .....</p>
<p>2. Site on Which the property to be erected:</p>	
<p>3 Exact description of the property to be erected: (contract document should accompany this form)</p>	
<p>4</p> <p>(a) Have you ever used and/or tested plans, designs and materials of this kind in any previous construction?</p> <p>(b) Is the property to be erected or any part therefore of a new design?</p> <p>(c) Have the buildings and civil engineering works already been completed? If so, give details.</p> <p>(d) Are any special risks of flood,</p>	<p>a).....</p> <p>b).....</p> <p>c).....</p>

tempest, fire or explosion involved? If so, give details:	d).....
5 Are you the manufacture, importer, buyer, or contractor of the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6 Is the property brand new? If second hand how old is it?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7 Will the erecting job be carried out by your own personal? If not, by whom?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8 State here any other information you consider material to the risk:	
9 Give particulars of losses experienced by you over the past three years:	
10 (a) Period of erection: (b) Testing period: (c) Approximate period of storage of property on site prior to commencement of erection:	From:..... To:..... ..... Weeks .....
<b>11 Sum to be Insured</b> <b>Section I-Material Damage</b> ( a) i) Property to be insured ii) Freight iii) Custom Duties and Dues iv) Cost of erection  (b) Civil engineering works  (c) Clearance of Debris (Limit of indemnity)  (d) Property located on the principle's premises or on the site, belonging to the principle or held in care, custody or control of the Insured (state main items and separate	Rs..... Rs..... Rs..... Rs.....  Rs.....  Rs.....  <u>Rs.....</u>

limit of indemnity)	
<b>12. Section II- Third party Liability</b> Limit of indemnity for any accident or series of accidents arising out of any one event; (a) For bodily injury for any one person: (b) For property damage: (c) Total limit of indemnity under this policy:	Rs..... Rs..... Rs.....
13 Do you wish the insurance to include express freight (except air freight) or overtime at an additional premium?  If yes, Limit	Yes <input type="checkbox"/> No <input type="checkbox"/>  Rs.....
14 Is the Insurance to include damage caused by, Terrorism Riot and strike	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

- I/We here by 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 Lanka Limited and no Insurance shall be in force until the proposal has been accepted by the Company in writing and the full premium paid.
- If the answers 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.
- I/We further confirm and agree that the personal information provided in this proposal form could be used to provide me/us a service, any communication, for product development and for any promotions offered by 'Allianz'.

**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.

.....  
**Proposer's Signature**  
**(Company seal)**

.....  
**Date**

*Amended date: 08/10/2019*