

**Allianz Insurance Lanka Ltd.**

Company No: PB 5179

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**LOSS OF PROFITS INSURANCE PROPOSAL FORM**

Your VAT No:.....

Intermediary Name:.....

Please use BLOCK LETTERS

Code :.....

1. Proposer's Name in full:

Contact No(s)

Home :.....

Office :.....

Mobile :.....

2. Postal Address:.....

Fax :.....

E-mail :.....

3. Proposer's trade, business or profession :.....

4. Period of Insurance: From:.....

To.....

5. Address of premises to which this insurance is to apply, if more than one, state (please attach a schedule if necessary) .....

6. Details of business carried out in each of the locations, if more than one, state ( please attach a schedule if necessary):.....

7. Are the premises insured under a Standard Fire Material Damage Policy?

Yes  No

If "yes", please give, (a)Name of the insurer:.....

(b) Policy No.:..... (c) Period of insurance: .....

8. Do you require coverage for Supplier's premises?

Yes  No

If "Yes", please give dependence of business on each of them along with the addresses of the supplier

Premises:.....

9. Do you wish to extend the policy to cover loss due to accidental failure of Public Electricity / Gas / Water supply? Yes  No  , If "Yes", mention which extensions are required:.....

10.Are your Books of account regularly audited? Yes  No  If "yes" By whom:.....

11.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:.....

12.Please give claim experience for the last 4 years under the loss of profits cover availed by you:

13.In case you have not insured for LOP till date , have you experienced any claims of LOP?

