

AGENT/ BROKER/ BRANCH/ADO

Name	
Code No.	

QUESTIONNAIRE AND PROPOSAL FOR CONTRACTORS' ALL RISKS INSURANCE

IMPORTANT: Please answer all questions. Failure to disclose material facts could result in your policy being invalidated. Material facts are those points which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose such facts as well.

Please note that no cover is in force until confirmed by the Company in writing and the premium paid.

GENERAL INFORMATION (Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate)

1. Full name of proposer(s) including Trading Name (if any)						
2. Postal Address						
3. NIC/Passport No. Business Registration Number			Preferred Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Sinhala	Tamil	English
4. VAT Registration Number			SVAT Registration			
5. Contact details	Home		Office		Mobile	
	E-mail				Fax	
6. Location of contract works						
7. Full description of business, trade or occupation						
8. Name & address of other interests, if any e.g. Bank or Mortgagee						

9. (a) Name and address of Principal

(b) Name(s) and address(es) of contractors

(c) Name(s) and address(es) of sub-contractor(s)

16. Will you be undertaking any piling work?

Yes No

If 'Yes', provide a detailed description of piling work to be carried out

17. Describe work to be carried out by sub-contractors (If to be included)

18. Details (as far as applicable) regarding:

(a) Geological & subsoil conditions

(b) Groundwater level

(c) Name of and distance to nearest river, lake, sea, etc.

(d) Is the Contract Site liable to flood ?
If 'Yes', detail precautions taken

Yes No

19. To what extent is a total or partial destruction possible as a result of one occurrence ?

NB: 1. Please submit in the space provided overleaf, a scaled ground plan of the construction site including surrounding property, clearly indicating their occupations and distances from the construction site

2. Please attach the following:

- (a) Soil report on construction site
- (b) Architects' plans of construction
- (c) Project Schedule (if available)

20. Have you in the last 5 years suffered any accidents, losses or claims in respect of contracts undertaken, by you whether insured or not' ?

Yes No

If 'Yes', give details:

Date of Occurrence	Contract Title	Details of Loss	Amount Involved
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DECLARATION

I/we declare that the information given in this proposal is to the best of my/our knowledge and belief correct and complete in every detail and will be the basis of the contract between me/us and Allianz Insurance Lanka Limited.

I/We hereby agree to receive via SMS and/or via e-mail to mobile number and/or email address provided by me/us here in above respectively for any digital marketing purpose/s and communication relevant information including special promotional offers of Allianz Insurance Lanka Limited / Allianz Life Insurance Lanka Limited. Should you wish to withdraw your consent please do so by visiting below link.

<https://digitalcustomer.allianz.lk/>

Day Month Year

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Signature of the Proposer