

**AGENT/ BROKER/ BRANCH/ADO**

Name	
Code No.	

**PROPOSAL FOR TERRORISM 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 fact also.**

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 No./Passport No./ Business Registration Number				Preferred language of communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Sinhala	Tamil	English
4. VAT Registration				SVAT Reg No			
5. Contact details	Home		Office		Mobile		
	E-mail				Fax		
6. Location of premises to be insured if different from postal address							

7. Period of cover required from 

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

 to 

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

8. How long have you been in business?  years

9. In respect of the covers to which this proposal relates and any business in which you or any of your partners or directors are/have been engaged

(a) Has any insurer ever declined a proposal, refused a renewal, terminated an insurance or imposed special terms?  Yes  No

If 'Yes', give details

(b) Have any accidents, losses or threats arisen relevant to the proposed insurance whether previously insured or not?      Yes      No

If 'Yes', give details

Date of Occurrence	Details of Loss	Amount involved
.....	.....	.....
.....	.....	.....

10. PREMISES

(a) Occupation & full description of activities carried on

(b) Details of ownership

Owned by                      Government                      Public Company  
    Private Company                      Private Individual

(c) State the background details (if any) of owners that may increase 'risk' . E.g. involvement in politics etc.

(d) Brief physical description of premises

(e) Any part of the building occupied by any other business      Yes      No  
 If 'yes', give details

(f) Details of security

(i) Name of alarm system, if any

(ii) Guard force, if any                      Number

   Training undergone                      months / years

(iii) Any perimeter fence, all round the premises       Yes      No

(iv) Are all gates guarded ?                      Yes      No  
 If 'yes', give details

11. **Locality**

- (a) Description Industrial  Commercial  Residential
- (b) Distance from nearest Police or Army Post Kms.

12. Give details of any other information that may be relevant to the proposed insurance

13. **Sums Insured**

Please complete the following details - continue on a separate sheet if necessary

- NB. (i) ALL ITEMS OTHER THAN STOCKS SHOULD BE INSURED FOR THEIR BRAND NEW REINSTATEMENT/ REPLACEMENT VALUES  
 (ii) STOCKS SHOULD BE INSURED FOR THEIR MARKET VALUES.  
 (iii) YOU WILL BE REQUIRED TO BEAR THE FIRST 10% OF THE CLAIM SUBJECT TO A MINIMUM OF RS. 5000/- PER CLAIM

If any of your property is underinsured, you will only receive a proportionate amount of your claim

	<b>Value Rs.</b>	<b>Limit of Indemnity Rs.</b>
(a) Buildings, fixtures, fittings, walls, fences, gates and outbuildings (including an amount for architects' and surveyors' fees, shoring up and removal of debris)	<input type="text"/>	<input type="text"/>
(b) Interior decorations & improvements in structure in respect of that portion of the structure for which you are responsible as a tenant or which belong to you	<input type="text"/>	<input type="text"/>
(c) Stock in trade, packaging material and goods held in trust or on commission	<input type="text"/>	<input type="text"/>
(d) Furniture, office equipment, plant & machinery including electrical cables transformers in the open and all other contents	<input type="text"/>	<input type="text"/>
(e) Rent (if business interruption cover is not required) State number of months for which cover is required for alternate accommodation and amount of rent involved	<input type="text"/> Months <input type="text"/>	<input type="text"/> Months <input type="text"/>
(f) Any other property (give full description)	<input type="text"/>	<input type="text"/>

**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