



AGENT/ BROKER/ BRANCH/ADO

**PROPOSAL FOR PRODUCT LIABILITY
INSURANCE**

Name	
Code No.	

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 of communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Sinhala	Tamil	English
4. VAT Registration Number				SVAT Reg No			
5. Contact details	Home		Office		Mobile		
	E-mail				Fax		
6. Full description of business, trade or occupation							

7. Period of cover required from Day Month Year to Day Month Year

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', please give details.

(b) Have any accidents, losses or claims arisen in respect of the perils insured against whether previously insured or not

Yes No

If 'Yes', give details

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

10. Give full description in the box below of goods you manufacture, sell, supply, repair, service, test or process. - Attach catalogs and brochures if available.

11. Testing/Quality Control

- | | | |
|--|-----|----|
| (a) Do you undertake product testing before sales? | Yes | No |
| (b) Do you maintain a product quality control system | Yes | No |
| (c) Do your products conform to an independent product standard? | Yes | No |

If your answer is 'Yes' to Question No. 11(c) please advise authority and number of standard. If you have answered 'No' to Question 11 (b) or (c) please give details of any other Testing / Quality Control carried out

(d) If a product fails a quality control check or is discovered to have a fault, what action is taken to remedy the situation?

12. Please state whether the goods are sold or supplied to disclaimer notices and if so, give full text particulars of such disclaimer

13. State estimated annual turnover for the coming year

Rs.

(Turnover should be as defined in the Companies Acts, including VAT, trade discounts, excise and other sales taxes. If there is trading between subsidiary companies, the estimate should include this figure)

14. Imports & Exports

- | | | |
|-------------------------------|-----|----|
| (a) Do you import any goods ? | Yes | No |
| If 'Yes', give details below | | |

Country of Origin	Nature of Goods	Estimated turnover for coming year Rs.

- | | | |
|-------------------------------------|-----|----|
| (b) Do you export goods ? | Yes | No |
| If 'Yes', please give details below | | |

Countries Supplied	Nature of Goods	Estimated turnover for coming year Rs.
USA or Canada		
Other countries (Specify each country and show the estimated turnover involved against each country)		

(c) Even if you have indicated above that you are not currently exporting goods to USA or Canada, if you have at any time during the last 10 years knowingly exported goods to these countries, please give details

Nature of Goods	Year(s) Supplied	Estimated total turnover of all such goods during the last 10 years Rs.

15. If you supply goods for nuclear, aviation marine or offshore application, please give details below and show the appropriate estimated turnover beside each application or products

Nature and application of goods	Estimated turnover for coming year Rs.

16. Limit of indemnity

Rs.

You will be required to bear the first 5% of each and every claim subject to a maximum of Rs.100,000/- or as stated in the quotation.

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 Janashakthi General Insurance 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

.....
Signature of the Proposer

Important Notice

This is to inform you that this policy is issued to indemnify the Insured against legal liability in connection with the business/profession and/or subject matter described in the schedule to the policy. Therefore, such a judgement and/or decree being entered in a Court of competent Jurisdiction is a condition precedent to acceptance of liability in order to make any payment under the policy by us as Insurer subject to the terms, conditions and limitations therein.

If you need any clarification on the above, please do not hesitate to contact your Insurance Agent or our Head Office.