

AGENT/ BROKER/ BRANCH / ADO

Name	
Code No.	

PROPOSAL FOR PROTECTION & INDEMNITY
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, such facts should be disclosed as well.

GENERAL INFORMATION

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 Number			
5. Contact details	Home		Office		Mobile		
	E-mail				Fax		
6. Location of property to be insured, if different from postal address							
7. Full description of business including those of any subsidiary and / or affiliated companies which Applicant is currently associated with							
8. Name & address of other interests, if any e.g. Bank or Mortgagee							

9. Period of cover required From To

10. How long has the company been in business? Years

11. Period Applicant has operated vessels? Years

12. Please list ALL previously owned and / or associated and / or affiliated maritime related companies that Applicant has been involved in

13. Has the Applicant and / or its affiliated companies been involved in bankruptcy proceedings? Yes No

If Yes, please specify details on separate sheet.

14. Please specify navigational limits required:

Limits of coverage required : USD

Section II - Current Policies :

15. Has the Applicant and / or affiliated companies been denied coverage or been subject to cancellation by Underwriters?

Yes No

If Yes, please provide details :

16. Is a Personal Accident Policy / Health Care Plan in force? Yes No

17. Please provide details of any National or State health benefits which are automatically available to the crew.

18. Is a Comprehensive General Liability policy in force? Yes No

If Yes, i) is the "watercraft exclusion" deleted? Yes No

 ii) is "contractual cover" included? Yes No

19. Name of current P & I Insurer?

20. Number of years insured by current Insurer: Years

21. Date of P & I policy expiration:

Section III - Loss Prevention :

22. Have the Applicant's operations been subject to an independent safety audit? Yes No

If Yes, please give details of audit and recommendations, including whose advisory services were used and date when implementation took place.

(Please use separate sheet)

Section IV - Crew / Employees / Others :

23. Total number of employees employed by Applicant, inc. crew :

24. Total gross receipts for last 12 month period : USD.....

25. Total gross payroll for last 12 month period : USD.....

26. Total number of crew employed by the Applicant :

27. Maximum number of crew working on Applicant's vessels A.O.T. :

28. Does the crew work on a "time shift" basis? Yes No

If Yes, specify : A) period of time for each "shift" :

B) number of "shifts" in any one 24 hour day :

C) number of crew assigned to each "shift" :

29. Does the crew from one "shift" remain on board after being relieved by the next "shift"? Yes No

Section V (contd.)

30. Please specify crew names, their appointed crewing positions and the period of time for which they have been employed by the Applicant, stating details of any Licenses held by those persons navigating Applicants vessels (please use separate sheet if necessary):

Name	Position	Licenses	Date of Employment
.....
.....
.....
.....

31. Please give details of any pre-employment program carried out by the Applicant for any new crew :

.....
.....

32. Are the above carried out for ALL newly appointed employees? Yes No

33. If Yes, are the records available for scrutiny? Yes No

34. Number of employees on board other than crew specified herein:

35. Describe the circumstances under which these other employees are on board Applicant's vessels:

.....
.....

36. Are there any "third party" personnel quartered on or working from the scheduled vessels? Yes No

37. Describe the circumstances under which these "third party" personnel are on board Applicant's vessels:

.....
.....

38. Are such "third party" personnel quartered on or working from the scheduled vessels under a contract? Yes No

39. If Yes, please give details of work carried out by them and the insurance requirements of your contract (which if written please provide copy)

.....
.....

Section VI - Vessel Details:

40. Vessel Name : CRT : Year Built :

41. Type of Vessel : Construction Material :

42. Dimensions : Does vessel carry cargo? Yes No

43. In which Classification Society is vessel entered ?

44. Is vessel owned by Applicant ? Date purchased :

45. Is vessel under charter or similar contract? Yes No

If Yes, please give details:

.....
.....

46. Please specify ownership details:

47. Date of last engine overhaul:

48 Insured value: USD 49. Hull policy form :

50. Number of crew : 50. Number of other employees :

51. Is this vessel used to carry passengers: Yes No

52. If Yes, specify passenger capacity limitation for which vessel is licensed:

.....

53. Are passengers issued with a Standard Passenger Ticket? Yes No

If Yes, please give details and provide copy:

.....
.....
.....

N.B. This vessel detail schedule should be copied and completed for each vessel owned and/or operated by the Applicant. Any additional vessels that may be attached during the year should be submitted in a similar format.

Section VII - Loss Information :

Please list all reported incidents for the previous FIVE years. The list must include ALL previously Closed Claims, including those Closed without payment, ALL incidents whether an "estimate of loss" has been set or not and ALL other Claims where an estimate has been set and / or payments made (N.B. all figures should contain Legal Fees and Expenses). Specify also the date at which the claim reserve and / or last review took place.

The above information must be reported for ALL vessels operated by the Assured and / or Affiliated companies for the previous FIVE years, whether or not the vessels appear on the attached schedule and displayed in the format set out below:

YEAR : to Name of Insurer.....

54. Number of vessels operated in this year : Vessels

55. Number of crew applicable to this year : Crew

56. Vessel utilization applicable to this year : %

CLAIMANTS NAME D.O.L. VESSEL PAID AMOUNT RESERVED AMOUNT RESERVE /REVIEW DATE DETAILS OF LOSS

(Please use a separate sheet if the given space is not sufficient)

Section VIII - General :

57. Does the Applicant require Ship Owner's Liability to Cargo? Yes No

If Yes, A) Specify types of cargo carried :

 B) Specify maximum values per shipment :

 C) Specify limit of liability required :

58. Please give details of Standard Contract of Carriage

.....

.....

59. Contractual :

Please give details of all contractual obligations the Applicant might incur as they relate to this requested insurance:

.....

.....

Please attach company brochure, if any.

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

--	--	--

.....

Signature of the Proposer