

AGENT/ BROKER/ BRANCH/ADO

Name	
Code No.	

**PROPOSAL FOR PUBLIC LIABILITY**  
**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/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. Telephone/Fax Nos. /E-mail	Home		Office		Mobile	
	E-mail				Fax	
6. Location of sites to be insured, if different from postal address						
7. Full description of business, trade or occupation						

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

9. How long have you been in business?  years

10. 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 you in the last 5 years suffered any accidents, losses or had claims in respect of the proposed insurance whether previously insured or not?  Yes  No

If 'Yes', give details

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

11. Do you discharge trade waste into the atmosphere, sewers, waterways or elsewhere ?      Yes      No
- If 'Yes' :
- (a) Has permission been obtained from appropriate authority ?      Yes      No
- (b) Are all wastes rendered harmless before discharging ?      Yes      No

12. Please give full description of any work involving the use of welding or cutting plant, blow lamps, blow torches or any other equipment or process involving the application of heat either on your own or away from your own premises

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13. Do you handle or use gases, explosives, hazardous substances, as asbestos, toxic or radio active materials ?      Yes      No
- If 'Yes', have you complied with statutory provisions, rules, regulations in regard to same?      Yes      No

14. Have you entered into any agreement under which liability is assured by you for which you would not be liable under Statute or at Common Law?      Yes      No
- If 'Yes', give details and enclose copy of any agreement

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15. Please give details of your number of employees for each of the last three years

Year	Gross Turnover (i.e. all your receipts from trading activities)	Number of Employees
What are your estimates for this year?		

16. Describe the premises in respect of which cover is required, together with details of their occupation. (You may include premises where you carry out work temporarily). Please attach separate sheet if space is insufficient.

Location of Premises	Occupation

17. Do you have facilities at your premises for loading or unloading of vessels, craft, railway wagons, containers, etc. ? Yes No  
 If 'Yes', give details

18. Does your regular business or trading activity include transportation of dangerous or hazardous substances from place to place ? Yes No

19. State how you ensure that any sub-contractors employed by you maintain adequate liability measures

20. Is this insurance to apply to mechanically propelled vehicles or plant NOT licenced for road use or for which compulsory insurance is required, lifts, escalators, cranes, hoists or any steam pressure apparatus? Yes No  
 If 'Yes', give details

21. Indicate limit of indemnity required for any one period any one accident of insurance Rs.

You will be required to bear the first 5% of the claim subject to a minimum of Rs. 10,000/- per claim

22. If you are willing to bear the first portion of any claim for an amount higher than the compulsory excess of 5% of the claim, please indicate the percentage  %

23. Do you require extension of the policy to cover liability arising from injury caused due to food and drinks sold or supplied by you ? Yes No

24. Do you hire in or hire out plant or machinery? Yes No  
 If yes, please give:  
 (a) Type of plant.....  
 (b) Estimated hire charges.....

25. Do you undertake any operations outside Sri Lanka? Yes No  
 If yes, please give details.

**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 Insured