

AGENT / BROKER / BRANCH / ADO

Name	
Code No.	

**PROPOSAL FOR WAREHOUSE LEGAL
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, such facts should be disclosed 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/ Business Registration Number				Preferred Language of communication	Sinhala	Tamil	English
4. VAT Registration Number				SVAT Registration			
5. Contact details	Mobile		Office		Home		
	E-mail				Fax		
6. Location of property to be insured, if different from postal address							
7. Full description of business, trade or occupation							
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 current management operating this business? Years

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

12. Description of Premises:

(please use a separate sheet if the provided area is not sufficient)

(i) Total area of premises available for storage :

(ii) Height in stores :

(iii) Details of tenant (s) or lessees if any :

(iv) Availability of basement storage: Yes No
If answer is "Yes",

a) is the basement protected by an automatic sump pump? Yes No

b) stored on shelves and pallets? Yes No

(v) Materials used for the construction of:

a) walls :

b) roof & roof support :

(vi) Year of construction of the building(s) :

(vii) Please provide details of modifications and extensions carried out on the building :

13. Protection of the premises: (please use a separate sheet if the provided area is not sufficient)

(i) is there a sprinkler system installed in the premises? Yes No

If "Yes"

a) type of the sprinkler system (wet/dry or in-rack sprinkler system) :

b) manufacturer's name and the date of installation :

c) last service date of the sprinkler system :

d) is the sprinkler system equipped with a fire alarm?:

(ii) Please provide the details of installed security alarms, fire alarms, smoke and fire detectors. Etc.

(iii) Please provide details of watchmen employed and stationed on duty within your premises:

14. Please give the details of any temperature controlled or cold storage facilities available in the premises.

15. Please provide the estimated total values in storage during the expiry year:

(i) Maximum value of stocks at any given time : Rs.

(ii) Average value of stocks at any given time : Rs.

(iii) Average turn-around time of goods/stocks at storage :

16. Please indicate percentage (by weight) of goods or commodities stored (dry storage):

- (i) Canned foods%
- (ii) Perishable foods%
- (iii) Beverages%
- (iv) Furniture%
- (v) Industrial Chemicals (please provide details below)%
- (vi) Textiles and related products%
- (vii) Paper products (please provide details below)%
- (viii) Home appliances (other than electronic equipment)%
- (ix) Radio/Television/Electronic items%
- (x) Liquor, Wines and Spirits%
- (xi) Tobacco products (please provide details below)%
- (xii) Tires%
- (xiii) Other goods (please provide details below)%

Please give details of combustible, flammable, corrosive or other hazardous materials.

17. Total number of employees :

18. Please provide the annual gross receipts for each of last three(3) years (excluding any cold storage operations)

	<u>Year</u>	<u>Type</u>	<u>Rs.</u>
(i)	Storage Handling
(ii)	Storage Handling
(iii)	Storage Handling

19. Please give the estimated gross receipts for the next twelve(12) months

Storage Rs..... Handling Rs.....

20. Please give details of losses or claims either insured or not insured occurred during the past five years.

Date of Loss	Details of the Loss	Amount involved (Both Paid & Outstanding) Rs.
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21. Please provide details of trade associations in which membership has been held for one year or more.

22. Do you subscribe to a loss control program furnished by an outside organization? Yes No
 If "YES" please give names of organizations and briefly describe the service performed.

23. Attach a complete copy of the warehouse receipt(s) used and indicate your monetary limitations of liability used with depositors.

24. List any commodities stored under special agreements and provide a copy of the agreements

25. What policy limit is desired? Rs.

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

If 'Yes', 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 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 judgment 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.