

AGENT/ BROKER/ BRANCH /ADO

PROPOSAL FOR MARINE OPEN COVER

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, 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.		Preferred Language		<input type="checkbox"/>	<input type="checkbox"/>
				Sinhala	Tamil
4. VAT number		SVAT number			
5. Contact details		Mobile		Office	
		E-mail			Home
6. Financial interest					
7. Date of commencement of cover					
8. Nature of Merchandise to be covered					
9. Type of Packing used					
10. Voyage: (a) Please describe voyages/transits to be covered including destinations and/or points of origin of goods					
(b) Is storage cover required?		Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please give storage locations and limits on a separate sheet.			
11. If cargo is containerized, please indicate		FCL <input type="checkbox"/> or LCL <input type="checkbox"/>			
12. If cargo is not containerized, please provide details					
13. Means of transport (Please Mark "X")				14. Maximum amount at risk (Please indicate Currency used)	
(a) Ocean going vessel		<input type="checkbox"/>		(a) In any one vessel:	
(b) Air Freight		<input type="checkbox"/>		(b) In any one Aircraft:	
(c) Parcel Post		<input type="checkbox"/>		(c) In any one land conveyance:	
(d) Others, please specify				(d) In any one location (if storage is required)	

15. Estimated Annual shipments Rs.....

16. Basis of Valuation used:

17. Cover Required: (Please tick appropriate boxes)

As per: Institute Cargo Clauses (A) (B) (C) (Air) Institute War Clauses
 Institute Strikes Clauses Do you require breakages cover in respect of fragile cargo? No

Yes If any other special clauses, please indicate below:

18. Is cover required for Customs duty? Yes No If "Yes"%

19. Has any insurer in respect of any insurance

(i) declined the insurance, canceled an existing policy or refused renewal of a policy? Yes No
 (ii) imposed special terms and conditions or increased rates for insuring or continuing to insure, renewal of an existing policy? Yes No

If the answer to any of the above to is "Yes" please give details including insurer and policy number.

20. Please state the total amount of losses/ claims made and outstanding for the past five years:

Date of Occurrence	Exports	Imports	Inland Transit

21. Please state the total value of dispatches for the past three years:

Year	Exports	Imports	Inland Transit

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