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AGENT/ BROKER/ BRANCH /ADO

Name	
Code No.	

PROPOSAL FOR NEON SIGN 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	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. Address where Neon Sign is installed						

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

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, Yes No
(a) Has any insurer ever declined your proposal, refused a renewal, terminated an insurance or imposed special terms ?
If 'Yes', give details

(b) Have you in the last 5 years suffered any accidents, losses or had claims in respect of any of the insurance proposed whether previously insured or not? Yes No
If 'Yes, ' give details

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

10. State design and wording of the sign

11. State when the sign was erected and by whom

Erected on :

By:

12. (a) Is the sign in good condition ?

Yes No

(b) Is there a maintenance contract in force currently?

Yes No

If 'Yes',

(i) Name of contractor

(ii) Full nature of service and duration of contract

(c) If there is no maintenance contract, is the sign regularly inspected by a qualified electrical engineer and any deficiencies noted, rectified ?

Yes No

13. If the sign subject to regulation of any statutory authority, state name of such authority and whether the sign conforms to such regulations

Name of Authority :

Conforms to statutory regulations

Yes No

14. Total replacement cost of sign and supports for which insurance is required – i.e. the Sum Insured

Rs.

Please note the Neon Sign installation should be insured for its new reinstatement / replacement value. If the property is under insured, you will receive only proportionate amount of your claim.

15.. Do you wish to insure against liability to the Public

Yes No

If 'Yes', state limit of indemnity required for any one accident

Rs.

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