

**AGENT/ BROKER/ BRANCH / ADO**

**PROPOSAL FOR BOILER INSURANCE**

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 you should disclose such facts as well.**

**Please note that no cover is in force until confirmed by the Company in writing and the premium paid.**

**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 of communication	<input type="checkbox"/> Sinhala	<input type="checkbox"/> Tamil	<input type="checkbox"/> English
4. VAT Registration			SVAT Registration			
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, trade or occupation						
8. Occupation of premises proposed for insurance E.g. warehouse, office, shop, factory, etc.						
9. Name & address of other interests, if any Eg. Bank or Mortgagee						

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

11. How long have you been in business?  years

12. 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? If yes please give details  Yes  No

(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?

If 'Yes', give details

Yes  No

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

13. (a) Are all items to be insured in good condition?

Yes No

If 'No', give details

(b) Have you obtained a Fire Policy in respect of the same boiler which is to be insured?

If so, Policy No ....., Insurer.....

14. Which part of the plant is subject to periodical inspections?

(a) Is the boiler inspected by a licensed surveyor?  
If so, at what intervals?

Yes No

(b) Date of last inspection  
(Please submit copies of last Inspection Report)

(c) Is the boiler operated by a qualified boiler operator

Yes No

15. What is the maximum load on safety valve?

psi

16. What is the working pressure?

bar

17. Please indicate limit of indemnity required in respect of liability for damage to third party property & bodily injury

Rs.

18. Details of property proposed for insurance cover:

NB. (I) THE SUM INSURED INDICATED BELOW SHOULD BE THE CURRENT COST OF REPLACING THE ITEM BY A NEW ITEM OF THE SAME KIND AND CAPACITY PLUS FREIGHT CHARGES, CUSTOMS DUTIES & COST OF ERECTION

(II) YOU WILL BE REQUIRED TO BEAR THE EXCESS STATED IN THE SCHEDULE ON EACH AND EVERY LOSSES.

Item No.	Make, Model & Serial No.	Year of Make	Type of Boiler or Pressure Vessel, (Indicate whether vertical/ horizontal)	Steam Output 1bs/h	Pressure PSI	Heating surface Sq ft.	Kind of fuel	Sum Insured 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.

I/we hereby grant my/our consent and authorize Allianz Insurance Lanka Limited/ Allianz Life Insurance Lanka Limited to verify the authenticity of the particulars relating to me/us as holder/holders of National Identity Card/s via the information system of the Department of Registration of Persons or any other validation method/ system as applicable from time to time .

Should you wish to withdraw your consent please do so by visiting below link.

<https://digitalcustomer.allianz.lk/>

**Data Privacy**

Please ensure to go through the Privacy Notice (i.e. which explains how and what type of personal data will be collected, why it is collected and to whom it is shared or disclosed etc.) which is available on the Allianz Insurance Lanka Limited/ AllianzLife Insurance Lanka Limited official website <https://www.allianz.lk/data-privacy-notice.html> prior to signing of this form/ application/ document.

Day Month Year  

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Signature of the Proposer