

AGENT/ BROKER/ BRANCH /ADO

Name	
Code No.	

PROPOSAL FOR DETERIORATION OF STOCKS IN COLD STORAGE 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 facts 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 No./ Business Registration Number			Preferred language of communication	<input type="checkbox"/>	<input type="checkbox"/>
				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. Location facilities of cold storage					
8. Number & size of cold rooms.					

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

10. How long have you been in business? years

11. In respect of any of the covers to which this proposal relates and any business in which you or any of your partners or directors are, or 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 any accidents, losses or claims arisen 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.
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12. If items insured are not stored in plant owned by you, please provide details

13. Are alternate storage facilities available elsewhere at short notice?

Yes No

If 'Yes', give name & address of such one alternate cold storage house

14. Refrigeration Installation details

Make & Model of Plant	Year of Make	Serial Number	Value of each Plant Rs.	Refrigerant Used	Size of each Refrigeration Chamber		Maximum Value stored in each item of plant
					Compressor Unit	Storage Capacity in cm ²	

15. Are the plants interconnected?

Yes No

If 'No', which cold rooms are cooled by each plant

16. Are the plants under supervision at all times?

Yes No

17. Are the plants subject to maintenance service?

Yes No

If 'Yes', detail regularity of maintenance and give name of inspecting authority and their qualifications

18. Are the plants covered by any Machinery Break-down Insurance Policy?

Yes No

If 'Yes',

Name of Insurer

Policy Number

19. Does the property to be insured belong to you ?

Yes No

If 'No', provide details

Please note that unless you have a valid Machinery Breakdown Insurance Policy, you will not have a valid claim under this policy

20. At what temperature is stock held in the cold rooms?

21. What is the method of cooling – by cold air, direct expansion or pipes?
22. At what intervals are the cold storage rooms opened for removal of stocks?
23. Are the plants used for quick freeze, deep freeze or other process?
24. If deep freeze plant, what is the time taken to complete the freezing process?
25. If quick freeze plant, detail goods being 'quick frozen'?
26. (a) State the service of electricity supply
- (b) Are the freezers duplicated, so that if one fails the other can supply full load? Yes No
27. If electricity fails, how long it will be before deterioration of stock commences?
28. If you have had any electrical failures exceeding 4 consecutive hours during the past 3 years, give details
29. Is operational standby generating equipment available at any time, which can produce required electrical capacity when the cold storage house is fully stocked? Yes No

If 'Yes', provide details of the standby generating equipment, including capacity

Description of Commodities Stored	Sum Insured (Please note that this should reflect the market value of items inspected)

31. Is the additional cover required for deterioration of stock due to failure of power supply? Yes No

In the event of a claim, you will be required to bear:

- (a) Losses occurring within the first 24 hours
 (b) The Excess stated in the policy schedule.

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