

AGENT/ BROKER/ BRANCH/ADO

Name	
Code No.	

PROPOSAL FOR ELECTRONIC EQUIPMENT 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/ Business Registration Number			Preferred Language	<input type="checkbox"/>	<input type="checkbox"/>
				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 Day Month Year Day Month Year
 to

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 / have been engaged

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

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

If 'Yes', give details

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

12. Condition of equipment : Is the equipment maintained in accordance with the manufacturer's instructions? Yes No

13. Quality of Staff : Have operators been trained with the manufacturer? Yes No

14. Is all equipment to be insured of standard manufacture and design and not built or modified for your particular requirements? Yes No
If 'No', give details

15. Are protective devices installed to prevent damage by voltage/power surges? Yes No

16. On which floor is equipment installed?

17. Give below details of any work other than computer operators carried on in the computer room or in the immediate vicinity of the equipment

18. Is the computer room air-conditioned? Yes No

19. (a) Is the building in which the computer is kept built of brick, stone or concrete and roofed with slate, tile, concrete or asbestos? Yes No
If 'No', give details

(b) Is the building under your sole occupation? Yes No
If 'No', give details

20. Are the computer room and adjoining processing areas protected by

(a) Automatic smoke and heat detectors? Yes No

(b) An automatic or manual CO₂, BTM or BCF flooding installation? Yes No

If 'Yes', give details

If 'Yes', give details

21. Insurance cover under this Policy will be conditional upon there being in force a Maintenance Service Contract with the manufacturers of their representatives

Please confirm that you do have such a maintenance service contract Yes No

22. Do you require cover against Riot & Strike Risks? Yes No

23. Do you require cover against Terrorism Risk up to Rs. 50 Million? Yes No

24. The property to be insured is automatically insured on an Indemnity Basis (Market Value/ Depreciated Value). If you require the policy to be issued on Reinstatement Basis, please indicate below.

Cover other than for computers required on Reinstatement Basis? Yes

(If you opt to insure your equipment on reinstatement basis, please note that all items should be insured for their brand new /reinstatement/replacement values . Cover for computers will not be granted on reinstatement basis)

25. SUMS TO BE INSURED

PLEASE NOTE THAT COVER IN RESPECT OF COMPUTERS AND OTHER ELECTRONIC EQUIPMENT WILL BE GRANTED UPTO 5 YEARS AND 10 YEARS RESPECTIVELY, FROM THE DATE OF MANUFACTURE.

PLEASE COMPLETE THE FOLLOWING DETAILS. CONTINUE ON A SEPARATE SHEET IF NECESSARY

Item	Property to be insured including Make Model & Serial No.	Year of Make/Date of Purchase	Value of the Item
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	TOTAL		

In the event the computers are locally assembled, please provide dates of purchase,

NOTE

1. ANY SINGLE ITEM OF EQUIPMENT IS RESTRICTED TO A SUM INSURED OF RS.250,000/- UNLESS IT IS SPECIFICALLY MENTIONED AND ITS VALUE FURNISHED SEPARATELY.
2. IF ANY OF YOUR PROPERTY IS UNDERINSURED, YOU WILL ONLY RECEIVE A PROPORTIONATE AMOUNT OF THE CLAIM
3. EXCESS APPLICABLE WILL BE SHOWN ON 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 Janashakthi General Insurance 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

.....
Signature of the Proposer