

AGENT/ BROKER/ BRANCH/ADO

Name	
Code No.	

PROPOSAL FOR ERECTION ALL RISKS 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, 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. Business Registration Number			Preferred Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Sinhala	Tamil	English
4. VAT Number			SVAT Number			
5. Contact details	Home		Office		Mobile	
	E-mail				Fax	
6. Site on which the property is to be erected						
7. Full description of business, trade or occupation						
8. Are you Principal or Contractor?						
9. If Principal, please give name and address of contractor						
10. Name & address of other interests, if any E.g. Bank or Mortgagee						

11. (a) Date of arrival of first consignment at site	Day	Month	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) Date of completion of erection	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) Testing period required	<input type="text"/> Days		
(d) Period of insurance required including testing period	From	<input type="text"/>	<input type="text"/>
	To	<input type="text"/>	<input type="text"/>

12. How long has the contracts been in this type of business? Years

13. 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 insures ever declined a proposal, refund or renewal, terminated an insurance or imposed special terms? If 'Yes', give details Yes No

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

If 'Yes', give details

Date of Occurrence	Details of Loss	Amount involved
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14. Exact description of the property to be erected (Contract documents should accompany this form)

15. Have the buildings and civil engineering works already been completed? Yes No
If 'Yes', give details

16. Are you the manufacturer, importer or buyer of the property?

17. Is the property brand new? Yes No

If secondhand, how old is it?

18. Will the erection job be carried out by the contractor's own persons? Yes No

If 'Yes', by whom?

19. State here any other information you consider material to the risk

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

21. Do you require cover against Terrorism Risk up to Rs. 100 Million? Yes No

22. SUMS INSURED

Please complete the following details. Continue on a separate sheet if necessary.

NB: (I) ALL ITEMS TO BE ERECTED SHOULD BE INSURED FOR THEIR CURRENT MARKET VALUES. IF ANY OF THE PROPERTY IS UNDERINSURED, YOU WILL RECEIVE ONLY A PROPORTIONATE PART OF THE CLAIM. THE VALUE OF MACHINERY SHOULD INCLUDE FREIGHT, CUSTOM DUTY AND OTHER CHARGES INCURRED TO PROCURE/MANUFACTURE THE MACHINERY

(II) YOU WILL BE REQUIRED TO BEAR THE EXCESS STATED IN THE POLICY SCHEDULE.

<u>PROPERTY IN RESPECT OF WHICH INSURANCE IS PROPOSED</u>	<u>SUM INSURED</u>
(a) Machinery and other items of property to be erected including their erection cost and freight, and all other expenses connected with installation and testing	Rs. <input style="width: 100%;" type="text"/>
(b) Construction/erection equipment and installation	Rs. <input style="width: 100%;" type="text"/>
(c) Clearance of debris	Rs. <input style="width: 100%;" type="text"/>
(d) Express freight (except air freight) overtime, holiday rates & wages	Rs. <input style="width: 100%;" type="text"/>
(e) Own surrounding property belonging to or held in the care, custody or control of the Insured	Rs. <input style="width: 100%;" type="text"/>
TOTAL	Rs. <input style="width: 100%; border: 2px solid black;" type="text"/>
(f) Third Party Liability	Rs. <input style="width: 100%;" type="text"/>
(g) If you wish the cover to include inland transit of property to be erected, please indicate	Rs. <input style="width: 100%;" type="text"/>
(i) Limit per conveyance	Rs. <input style="width: 100%;" type="text"/>
(ii) Total value of such transit(s)	Rs. <input style="width: 100%;" type="text"/>

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