



AGENT/ BROKER/ BRANCH/ADO

Name	
Code No.	

PROPOSAL FOR PLANT 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 Registration number				SVAT Number			
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. Eg. warehouse, office, shop, factory, etc.							
9. Name of Chief Engineer or Plant Manager							
10. Name & address of other interests, if any -Eg. Bank or Mortgagee							

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

12. How long have you been in business? years

13. 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?

Yes No

If 'Yes', please give details

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(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?

Yes No

If 'Yes', please give details

Date of Occurrence	Details of Loss	Amount involved Rs.
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14. Is machinery operating normally and free from defects?

Yes No

If 'No', please give details

15. (i) Are all machines regularly inspected and maintained?

Yes No

(ii) Give brief details of inspection/maintenance program including details of any service arrangements (Please submit the last Inspection Report)

16. (a) Are there any abnormal conditions Eg: dusty environment etc.?

Yes No

If 'Yes', please give details

(b) What is the condition of soil at the site where the plant is to be operated, Eg. muddy, sandy, etc?

17. Please give the qualifications and experience of Operator(s) Attendant(s)

18. Do you require cover against Riot & Strike Risks?

Yes No

19. Do you require cover against Terrorism Risk up to Rs. 10 Million?

Yes No

20. Value at Risk

All items should be insured for their current market values.

**Please complete the following details and continue on a separate sheet , if necessary.
(Maximum cover granted in respect of machinery will be limited to 30 years from the date of manufacture).**

PROPERTY TO BE INSURED

Item No.	Description of Items	Location	Make & Model	Year of Make	Serial No.	Value
TOTAL						

21. OPTIONAL EXTENSIONS

- (a) Own surrounding property belonging to or held in the care, custody or control of the Insured. Rs.
- (b) Express freight (except air freight) overtime, holiday rates & wages Rs.
- (c) Lifting & Towing coverage following an accident (up to a maximum limit of Rs.100,000.00) Rs.
- (d) Third party liability (up to a maximum limit of Rs.5,000,000) Rs.

NB

You will be required to bear the excess stated in the schedule in respect of each and every occurrence of loss/damage.

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