

Allianz Insurance Lanka Limited

(Company No. PB 5179)

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**PROPOSAL FOR FIRE CONSEQUENTIAL
LOSS INSURANCE**

AGENT/ BROKER/BRANCH/ADO

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 refer the Guide Notes attached prior to completing this form.

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 No./Passport No./ Business Registration Number				Preferred Language	<input type="checkbox"/> Sinhala	<input type="checkbox"/> Tamil	<input type="checkbox"/> English
4. VAT Registration number				SVAT Registration			
5. Contact details	Home		Office		Mobile		
	E-mail				Fax		
6. (a) Location of premises to be insured if different from postal address (b) GPS Co-ordinates							
7. Full description of business or trade or occupation carried on therein							

8. Material damage insurance details (A material damage policy must be in force on the tangible assets of the business prior to a business interruption policy being provided. Please provide details of the material damage policy):

a. Name of insurer:

b. Sum insured:

c. Insurance period: From..... To

9. How long have you carried on business in these premises or elsewhere

These premises	years	<input style="width: 40px; height: 15px;" type="text"/>
Elsewhere	years	<input style="width: 40px; height: 15px;" type="text"/>

10. 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', give details

Yes No

(b) Have any accidents, losses or claims arisen in respect of any of the insurance proposed whether previously insured or not?
If 'Yes', give details

Yes No

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

11. Do you maintain regular stock and sales records and are these posted regularly?

Yes No

12. Please give below critical (key) list of Machinery/Equipment etc without which you would not be able to continue with your operations if its damaged/lost by Insured perils

13. Are your accounts audited regularly?

Yes No

Give name and address and qualifications of auditor(s)

14. When does your financial year end?

15. Period of Cover Required : from To

16. Period for which indemnity is required : consecutive months following the date of damage

17. **SUMS TO BE INSURED** (Please refer the guide notes attached)

ITEM 1 – GROSS PROFIT - SELECT ONE METHOD ONLY
(See guide note 4)

<u>Difference Basis</u>	Rs	<u>Addition Basis</u>	Rs.
Total sales for the last financial year	<input style="width: 100%;" type="text"/>	(A) Net Profit (before deduction of any taxes chargeable on profits) (Note: Exclude any income not arising from the business itself E.g. rent receivable, dividends from investments, etc.)	<input style="width: 100%;" type="text"/>
<u>Add:</u> Closing stock & work in progress at end of year	<input style="width: 100%;" type="text"/>		
<u>Deduct:</u> Opening stock & work in progress at beginning of year	<input style="width: 100%;" type="text"/>	<u>Add:</u>	
	<hr style="width: 100%;"/>	(B) Standing charges :	
	<input style="width: 100%;" type="text"/>	(i) Rent	<input style="width: 100%;" type="text"/>
		(ii) Rates	<input style="width: 100%;" type="text"/>
<u>Deduct</u> Uninsured working expenses which vary directly with sales	<input style="width: 100%;" type="text"/>	(iii) Taxes (other than on profit)	<input style="width: 100%;" type="text"/>
(i) Purchases less discounts received	<input style="width: 100%;" type="text"/>		
(ii) Carriage	<input style="width: 100%;" type="text"/>	(iv) Depreciation of machinery	<input style="width: 100%;" type="text"/>
(iii) Packing materials	<input style="width: 100%;" type="text"/>	(v) Insurance premium	<input style="width: 100%;" type="text"/>
(iv) Consumable stores	<input style="width: 100%;" type="text"/>	(vi) Office Expenses	<input style="width: 100%;" type="text"/>
(v) Power	<input style="width: 100%;" type="text"/>	(vii) Telephone charges, postage & similar expenses	<input style="width: 100%;" type="text"/>
(vi) Discounts allowed	<input style="width: 100%;" type="text"/>	(viii) Motor vehicle upkeep etc.	<input style="width: 100%;" type="text"/>
(vii) Other working exp.	<input style="width: 100%;" type="text"/>	(ix) Lease / Loan	<input style="width: 100%;" type="text"/>
(viii) Wages & Salaries (Delete if Wages are to be insured in full for entire Indemnity Period)	<input style="width: 100%;" type="text"/>	(x) Directors' salaries	<input style="width: 100%;" type="text"/>
	<hr style="width: 100%;"/>	(xi) Others (Please specify)	<input style="width: 100%;" type="text"/>
Sub total of (i) to (vi)	<input style="width: 100%;" type="text"/>	Total insured standing charges (B) (i) to (ix)	<input style="width: 100%;" type="text"/>
Gross Profit for last financial year	<input style="width: 100%;" type="text"/>	Total of (A) + (B) (Gross Profit for last financial year)	<input style="width: 100%;" type="text"/>
<u>Add</u> Allowance for future increase, forward projection & trends	<input style="width: 100%;" type="text"/>	<u>Add</u> Allowance for future increases, forward projection & trends	<input style="width: 100%;" type="text"/>
<u>Add</u> Proportionate increase if indemnity period exceeds 12 months	<input style="width: 100%;" type="text"/>	<u>Add</u> Proportionate increase if indemnity period exceeds 12 months	<input style="width: 100%;" type="text"/>
	<hr style="width: 100%;"/>		<hr style="width: 100%;"/>
Sum to be insured on Gross Profit	<input style="width: 100%;" type="text"/>	Sum to be insured on Gross Profit	<input style="width: 100%;" type="text"/>

ITEM 2 – ON ALL WAGES
(See guide note 5)

Not required under difference basis if Wages are to be insured in full throughout the Indemnity Period selected

For the first weeks and% of the total wages roll for the remainder of the Indemnity Period.

ITEM 3 - ON AUDITORS' FEES
(See guide note 6)

TOTAL SUM INSURED (ITEM 1+2+3)

18. ADDITIONAL PERILS TO BE COVERED: Please indicate

- | | | | |
|------------------------------|--------------------------|--|--------------------------|
| (a) Riot & Strike, | <input type="checkbox"/> | (g) Impact (by road vehicles or animals) | <input type="checkbox"/> |
| (b) Malicious Damage | <input type="checkbox"/> | (h) Earthquake, Fire & Shock | <input type="checkbox"/> |
| (c) Explosion | <input type="checkbox"/> | (i) Spontaneous combustion | <input type="checkbox"/> |
| (d) Cyclone, Storm & Tempest | <input type="checkbox"/> | (j) Bursting or overflowing of water tank etc. | <input type="checkbox"/> |
| (e) Flood | <input type="checkbox"/> | (k) Other Natural Perils | <input type="checkbox"/> |
| (f) Aircraft Damage | <input type="checkbox"/> | (l) Electrical inclusion | <input type="checkbox"/> |

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.

Date:

.....
Signature of the Proposer

FOR OFFICE USE

Rated by		Processed by		Credit Approved by	
Rate Approved by		Authorized by		Authorized Date	

Guide Notes

Please read the following guide notes and understand fully with the help of your Intermediary or your known authorized Janashakthi staff member before you answer the questions set in this proposal from.

1. This insurance is available only if a fire policy covering corresponding perils has been taken.
2. The amount of insurance required should be based on the most recent accounts available
3. The intention of the Policy is to pay for loss of gross profit which would have been earned during the period of interruption following the damage. The sum to be insured should therefore be fixed at a figure high enough to allow for any possible upward trend of business, expansion or inflation.

An Auditor's Certificate showing the actual gross profit earned should be submitted annually to the Company, and should this disclose that there has been over-insurance a Return of Premium will be made to the insured up to a maximum of 50% of the actual premium paid during the relative period of insurance.

The Policy is subject to a condition whereby, if sums insured are inadequate, any claim payment under the Policy will be proportionately reduced.

4. GROSS PROFIT - You could arrive at GROSS PROFIT through two different basis as given in the Gross Profit Sum Insured section. Please select One basis (method) ONLY.
5. WAGES – If it is not desired to insure Wages in full throughout the Indemnity Period selected, the amount of the Wages can be deducted in arriving at the Sum Insured for Gross Profit and the Wages can then be separately insured by Item 2 under which 100% wages cover is provided for a short initial period (of not less than four weeks) following a fire and a small percentage for the remainder of the Indemnity Period selected for Item 1 on Gross Profit.

This form of Wages cover is not conceded in conjunction with insurances for Gross Profit for indemnity periods of less than twelve months, under which it is recommended that Wages be included in full in the Gross Profit Item. The Sum Insured on Wages should include Employer's contributions, where applicable, Bonuses, Holiday Pay and all other payments pertaining to Wages.

6. AUDITORS' FEES – The insurance of Auditors' Fees is to provide for fees payable to your Auditors for extracting and certifying information required in connection with a claim.
7. Indemnity Period is the maximum time expressed in months during which your business may be interfered with, following the damage. You should select a period sufficient to allow for rebuilding, repair or replacement of machinery, replacing lost customers and staff and building up sales turnover to the previously anticipated level.

If the Indemnity Period selected exceeds 12 months, the sums to be insured will need to be increased proportionately.

8. Working expenses are defined as those charges which vary directly in proportion to the business. It is advisable to consult your Accountant on the nature of these expenses.
9. A standing charge is a charge, expense or cost which normally continues to be payable in full, irrespective of the volume of Sales/Turnover or if variable, does not reduce in direct ratio to fall in sales/turnover.