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AGENT/ BROKER/BRANCH/ADO

Name	
Code No.	

**PROPOSAL FOR FIRE INSURANCE
BUSINESS PREMISES**

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 No./Passport No./ Business Registration No.			Preferred Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Sinhala	Tamil	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	(a)					
	(b) Longitude		<input type="checkbox"/>	Latitude		<input type="checkbox"/>
7. Full description of business, trade or occupation						
8. Occupation of premises proposed for insurance. Eg. Warehouse, office, shop factory etc.,						
9. Name and address of other interests, if any e.g. Bank or Mortgagee						

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

11. How long have you been in business? years

12. 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

If 'Yes', give details :

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

If 'Yes', give details

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

13. ADDITIONAL PERILS TO BE COVERED : Please indicate

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

14. DESCRIPTION OF PREMISES

- (a) Are the premises built only of brick, stone or concrete & roof of non-inflammable material ? Yes No If 'NO', please give details
- (b) Is the property in a good state of repair ? Yes No
- (c) Are the premises proposed for insurance owned by you ? Yes No
- (d) Are you the sole occupier of the premises ? Yes No
- (e) Age of electrical wiring under years
- (f) Age of building under years

15. DESCRIPTION OF THE OUTER BUILDINGS TO BE COVERED:

- (a) Are the premises built only of brick, stone or concrete & roof of non-inflammable material ? Yes No If 'NO', please give details
- (b) Is the property in a good state of repair ? Yes No
- (c) Details of the occupants
- (d) Age of electrical wiring under years
- (e) Age of building under years

16. Are any hazardous goods including petrol, kerosene, sawdust etc. stored in the premises or within 30 feet thereof? Yes No If 'Yes' give details below:

17. Are there any appliances for extinguishing fire? Yes No

If 'Yes' give details below:

18. Do you maintain stock records which could be produced to substantiate any loss or damage? Yes No

19. Are there any rivers, canals, reservoirs or other water courses within 1 Km radius of the insured premises or has there ever been a loss in this area resulting from cyclone, storm, tempest or flood? Yes No

If the answer is 'yes' give details in the space provided below.

20. SUMS INSURED (Please complete the following details - continue on a separate sheet if necessary.)

- NB. (i) ALL ITEMS SHOULD BE INSURED FOR THEIR BRAND NEW REINSTATEMENT VALUES(OF A SIMILAR NATURE ONLY).
 (ii) STOCKS SHOULD BE INSURED FOR THEIR MARKET VALUES.

If any of your property is under-insured, you will only receive a proportionate amount of your claim.

PROPERTY TO BE INSURED

SUM INSURED

(a)	Buildings, fixtures, fittings, walls, fences, gates and outbuildings	Rs.																
(b)	Architects' and surveyors' fees, shoring up and removal of debris (if not declared separately, cover is not granted under Riot & Strikes/Terrorism)	Rs.																
(c)	Interior decorations & improvements in structure in respect of that portion of the structure for which you are responsible as a tenant or which belong to you	Rs.																
(d)	Stock in trade, packaging material and goods held in trust or on commission	Rs.																
(e)	Furniture, office equipment, plant & machinery including cables transformers in the open and all other contents	Rs.																
(f)	Rent (if business interruption cover is not required) State number of months for which cover is required for alternate accommodation, and amount of rent involved months <input style="width: 40px;" type="text"/> Rent per month <input style="width: 60px;" type="text"/>	Rs.																
(g)	Name boards/ Hoardings																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 15%;">Dimension</th> <th style="width: 40%;">Details</th> <th style="width: 40%;">Value(Rs.)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">Total</td> <td></td> </tr> </tbody> </table>		Dimension	Details	Value(Rs.)	1				2				Total				Rs.
	Dimension	Details	Value(Rs.)															
1																		
2																		
Total																		

ANY OTHER PROPERTY (GIVE FULL DESCRIPTION)

(h) Rs.

(i) Rs.

TOTAL

Rs.

21. If you have opted for cover against the 'Additional Peril' of 'Electrical Inclusion' please indicate the sum insured in respect of electrical machinery, and electronic equipment including motors, dynamos, transformers, cables and wiring etc., Rs.

IN ANY EVENT, THE VALUE SHOWN IN 21 SHOULD BE INCLUDED IN 20 (e) ABOVE

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

(Please draw a rough ground plan of the premises overleaf (not necessarily to scale). Show distances between and occupation of other buildings within 50 feet).