

## Allianz Insurance Lanka Limited

Company No. PB 5179

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### ALLIANZ HOTELIERS' PROPOSAL FORM

#### AGENT/ BROKER/BRANCH/ADO

Name	
Code No.	

Please use **BLOCK LETTERS**.

1. Full name of the Proposer: Mr/Mrs/Miss/Dr/Rev.

.....

NIC/ Business Registration No. ....

Contact No(s)

Home: ..... Office: ..... Mobile: .....

Fax: ..... Email: .....

2. Postal Address: .....

.....

3. Name and address of the Hotel / Restaurant to be insured: .....

4. VAT No (if registered for VAT) : .....

5. Financial Interest (if any): .....

6. Period of Insurance : From : ..... To: .....

7. Construction : External walls..... Roof: ..... Lit by: .....

8. No. of Stories, including the ground floor/basement: .....

9. Are there any rivers, canals, reservoirs or other water courses 1km per 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.

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10. How long have you been in business?

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Years

11.1 COVERS PROVIDED UNDER SECTION I		ADDITIONAL BENEFITS UNDER SECTION I	
11.1.1	Fire and Lightning	i	Loss of Rent up to LKR 15,000/- per month with a maximum of LKR 50,000/-
11.1.2	Riot and Strike	ii	Alternative accommodation up to LKR 15,000 per month with a maximum of LKR 50,000/-
11.1.3	Malicious Damage	iii	Personal Accident cover for Insured in the event of an accidental death LKR 500,000/-
11.1.4	Impact Damage	iv	Removal of Debris up to LKR 100,000/-
11.1.5	Explosion	v	Architecture, Surveyors and Consulting Engineering fees up to LKR. 100,000/-
11.1.6	Aircraft Damages	vi	Damage to deeds and security documents due to a peril insured up to LKR 10,000/-
11.1.7	Cyclone, Storm and Tempest, Flood, Hurricane, Typhoon, Windstorm, Tsunami and tidal waves, thunderstorm, hailstorm, windstorm, rainstorm due to atmospheric disturbances.	vii	Damage to Service lines due to an insured peril up to LKR 10,000/-
11.1.8	Bursting or over flowing of water tanks, apparatus or pipes.		
11.1.9	Earthquake and Volcanic Eruption		
11.1.10	Electrical Extra		

11.2 ITEMS TO BE COVERED		SUM TO BE INSURED (LKR)
i	Building with all permanent fixture and fittings including water, gas and electrical installation, passenger lifts, service hoists, central air-conditioning system etc.	
ii	Parapet wall, fence and gate	
iii	Electrical Electronic Items (Detail inventory with separate values to be provided)	
iv	Furniture, equipment, generators, water pumps, boilers. and other machinery, engineering spares etc. therein <i>(Detail inventory with separate values to be provided)</i>	
v	Plate Glass / Glass fittings / showcases <i>(Inventory with separate values to be provided)</i>	
vi	Stock of liquor, tobacco, cigars and cigarettes therein	
vii	Other stocks consisting of foods stuffs, soft drinks and beverages, detergents and the like therein	
viii	Any other hazardous stocks to be covered Ex. Petrol/Diesel) please specify values separately.	
ix	Others (please specify)	
	<b>TOTAL SUM INSURED</b>	

**Special Note:** Unless otherwise expressly stated the policy excludes any loss of or damage to any goods held in trust or on commission, bullion or unset precious stones, jewellery, any curio or work of art for an amount exceeding Rs. 1,500/- manuscripts, plans, drawings, designs, patterns, medals, models or modules, securities for money, deeds, bonds, bills of exchange, promissory notes, stamps, stamp collection, obligations or documents of any kind, coined or paper money, cheques, books of account or other business books, computer system records, pedal cycles, motor vehicles and accessories whilst therein, livestock and explosives.

11.3 Do you need Terrorism Cover for all the above items? ☐ Yes ☐ No

12. Is the cover to be on Re-instatement value basis (except Stock)? ☐ Yes ☐ No

(If not claim will be entertained on market value basis)

13. Do you need following additional sections? ☐ Yes ☐ No

If so, please select the relevant section(s)

13.1

SECTION II – BURGLARY / HOUSE BREAKING <input type="checkbox"/>	ADDITIONAL BENEFITS PROVIDED UNDER SECTION II
Loss or damage to your stock and other contents resulting from Burglary involving forcible violent into / or exit	Replacement of your locks, doors and window as a result of forcible violent entry into / or exit up to LKR. 50,000/-.

I/NO	ITEMS TO BE COVERED	MAXIMUM VALUE AT ANY ONE TIME (LKR )	IF COVER IS REQUIRED ON 1 <sup>ST</sup> LOSS BASIS, PLEASE INDICATE THE VALUE (LKR )

13.2 If you wish to cover against Stock of Liquor, Tobacco, Cigars and Cigarettes please indicate above.

13.3

SECTION III WORKMEN'S COMPENSATION <input type="checkbox"/>	ADDITIONAL BENEFITS PROVIDED UNDER SECTION III
Compensation for death or injury to employees whilst on duty	a. Expenses for hospitalization due to an injury whilst on duty in the premises up to LKR 25,000/- (maximum per day LKR 1,250/-) b. Funeral expenses up to LKR 25,000/- per event and aggregate.

(i) No. of employees: ..... (ii) Total Annual Salary of Employees: LKR.....

Do you need following covers?

\* Riot & Strikes ☐ Yes ☐ No      \* Terrorism ☐ Yes ☐ No

13.4

SECTION IV – PUBLIC LIABILITY <input type="checkbox"/>	ADDITIONAL BENEFITS PROVIDED UNDER SECTION IV
Liability to third parties including liability to Hotel Guests. Amount of Indemnity Required? i. Any one occurrence LKR. .... ii. Any one period of insurance LKR..... iii. Estimated Annual Turnover LKR. ....	1. Liability to third party arising due to food poisoning (Excluding outside catering). 2. Liability to clients' vehicles and belongings up to LKR. 25,000/-

13.5

SECTION V – MONEY IN TRANSIT <input type="checkbox"/>	ADDITIONAL BENEFITS PROVIDED UNDER SECTION V
Maximum per transit limit: .....	1. Cash in drawers during business hours up to LKR. 25,000/-
Transit Details:.....	2. Cash in locked safe up to the transit limit – during business hours only.
No of transit per week:.....	

13.6

SECTION VI – PLATE GLASS <input type="checkbox"/>
Accidental breakage of all glasses fixed on windows, doors, fanlights and mirrors (Excluding hand mirrors)
a) Glasses in show cases and counter cases? LKR. ....
b) Any other glass other than described above LKR. . ....
(Please provide <b>full details in respect of a &amp; b</b> )
Please provide full details (description/square feet/ thickness) in respect of a & b .

13.7

SECTION VII– PERSONAL ACCIDENT <input type="checkbox"/>	
Cover for Insured and Employees	
a) Accidental Death	e) Temporary Total Disablement up to 0.5% of the per insured value (maximum 52 weeks)
b) Permanent Total Disablement	f) Temporary Partial Disablement up to 50% of the Temporary Total Disablement (maximum 52 weeks)
c) Permanent Partial Disablement	
d) Motor Cycling Cover	

Name of the person to be covered	Date of Birth	NIC number	Limit LKR

Do you need following covers?

\* Riot &amp; Strikes

☐

Yes

☐

No

\* Terrorism

☐

Yes

☐

No

13.8

SECTION IX – ELECTRONIC ALL RISK <input type="checkbox"/>			
Description of Items	Year of Make	Serial number	Replacement Value (LKR)

### 13.9 SECTION IX - FIDELITY GUARANTEE

- a) Per event limit :LKR .....
- b) In aggregate limit :LKR.....
- c) Category and no. of employees :.....

### 14 PREVIOUS INSURANCE DETAILS AND LOSS HISTORY

14.1 Are there any insurance on same property in force with us or any other insurer? ☐ Yes ☐ No

If "yes", Policy No :.....

Name of the Insurance Company :.....

Sum Insured :.....

14.2 Has any insurer in respect of any of the risk proposed to insurance Declined, withdrawn or imposed special term at any time? If 'Yes' give details ☐ Yes ☐ No

.....

.....

.....

14.3 Have you ever sustained loss, damage or liability from any of the risk and/or liabilities to which this insurance applies? ☐ Yes ☐ No

If yes, give details;

YEAR	NO. OF LOSSES	NATURE OF LOSS	AMOUNT OF LOSS (LKR)

14.4. If so, have you taken any precautions to avoid same in future? ☐ Yes ☐ No

If yes, please give details.

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#### DECLARATION

I/WE hereby confirm and agreed that:

- All information and particulars given are true and complete and that no information has been withheld which might influence the Company's decision regarding this insurance.
- This proposal shall form the basis of contact with Allianz Insurance Lanka Limited.
- Immediate notice shall be given to the Company of any alteration in the circumstances described herein, during the entire policy period.
- No Insurance shall be in force until this proposal has been accepted by the Company in writing and the full premium paid.
- The personal information provided in this proposal form could be used to provide me/us a service, any communication, for conduct development and for promotion offered by '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.

.....  
Proposers' Signature

.....  
Date