

**SUPPLEMENTARY PROPOSAL FORM FOR RUBBER FACTORIES, SMOKE HOUSES
AND SIMILAR RISKS**

(Use a separate form for each building)

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 fact also.

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. Name of Proposer

2. Is drying of rubber by artificial heat carried out in the building Yes No
(If answer is 'No', ignore questions 3 to 6)

3. Is any stove, furnace or fire in any form used for producing heat? Yes No

4. Are the furnaces situated outside the factory and separated from it by a solid wall of stone and/or brick not less than 18 inches thick? Yes No

5. Is firing done inside the building and are ducts in use for conveying the hot air from the dryers to any point in the factory? Yes No

If 'Yes', describe construction below:

6. (a) Is smoking of rubber carried on in the building? Yes No

(b) If 'Yes', are the smoke pits inside the building? Yes No

7. (a) Are any circular and/or other saws driven by power used in the building? Yes No

(b) If 'Yes', are such saws in a lean to shed, effectively separated from the main building If 'Yes', by what means? Yes No

(c) If "No" describe actual location.

DECLARATION

I/We declare that the information given in this supplementary 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

.....
Signature of the Proposer