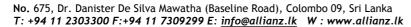
## Allianz Insurance Lanka Limited

(Company No. PB 5179)





## AGENT / BROKER / BRANCH / ADO

## PROPOSAL FOR BANKER'S INDEMNITY INSURANCE

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 note that no cover is in force until confirmed by the Company in writing and the premium paid. **GENERAL INFORMATION** 1. Full name of proposer (s) including Trading Name (if any) 2. Postal Address Preferred 3. NIC/Passport No./ language of Business Registration Number communication Tamil English Sinhala SVAT 4. VAT Registration Registration Office Home Mobile 5. Contact details E-mail Fax 6. State whether incorporated or partnership 7. State when incorporated or established 8. Giver number of Directors Officers at Head office At Branches Employees at Head office At Branches No of Branches Day Month Year Day Month Year 09. Period of cover required from (Please note: Retro-active period will be allowed for a maximum of six months only) 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 please give details

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		Rs.
If you are incured again	nst any of the covers to which his proposal relates, please give details.	
Insurer's name		
Policy Number :		
Expiry Date :		
2. State the number of c	heque accounts in your books as to date	
Da vou aiva anadit an	maka laana arainat	
Do you give credit or	make loans against : Yes No	
a) Hire Purchas	e Notes?	
b) Promissory N	lotes?	
c) Chattel Mortg	ages?	
d) Assigned acc	ounts or similar security?	
e) Pledging of je	ewels?	
If 'Yes' please st	ate the maximum amount allowed to any one borrower	
f) Depending on	Security offered	
g) Depending of	a standing of quotomore	
g) Depending of	n standing of customers	
Please state the maxi	mum amount of outstanding at any one time	
5. Is it your practice to Is	eave cash in tills overnight or when premises are closed?  Yes  N	0
7. 13 it your practice to it	nave dash in this overhight of when premises are diosed:	<b>J</b>
If 'Yes' state the maxing	mum amount at any one time	
6. State the maximum a	mount of cash retained in your premises	
at any one time	, , , , , , , , ,	
7. State the maximum va	alues of bearer or negotiable securities	

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Transits								
8. Is transfer of money and negotiable securities usually made by								
armored motor vehicles/armed escorts?								
If 'Yes' please give details of protections provided								
If 'No' give details of alternative arrangements								
19. (a) Your books are audited Annually Half yearly								
(b) Are all offices included in the audit?  Yes  No								
(c) Is an annual physical verification or check								
made of securities owned by the Bank or								
held by the Bank in any capacity?  Yes  No								
20. (a) Please state the details of vaults and strong rooms.								
(b) Are the vaults/strong rooms equipped with								
(i) Dual combination locks?								
(ii) Time lock? Yes No								
(c) Are the walls, floors and ceilings  Yes  No of vault/strong room built of reinforced concrete and lined with steel?								
(d) Please state the manufacturer of the vault door								
21. (a) Are there alarm systems against burglary? Yes No								
(b) Are they connected to (i) Actual stations?								
(ii) Police station? Yes No								
(iii) Elsewhere? Yes No								

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22. Do police patrol and inspect the premises?	Yes	No				
23. (a) Do you have armed guards						
(I) By day?	Yes	No				
(iii) By night?	Yes	No				
(b) Are they provided by						
(I) Police?	Yes	No				
(ii) Agency?	Yes	No				
(iii) Bank it self?	Yes	No				
24. (a) Who is responsible for seeing that all prot	ective devic	es are out				
into action each night or when premises is		·				
Ç ,						
(b) Do you retain particular members of your	staff for this	duty?	Yes	No		
(c) Do you employe a night watcher?			Yes	No		
<ul><li>25. Name the corresponding Bank or Agency in L</li><li>26. State the limit of indemnity you require</li></ul>	ondon					
DECLARATION  I/We hereby agree to receive via SMS and/or via e-mail marketing purpose/s and communication relevant inform Lanka Limited.  I/we declare that the information given in this proposal is the contract between me/us and Allianz Insurance Lank I/We hereby grant my/our consent and authorize Allianz relating to me/us as holder/holders of National Identity Comethod/system as applicable from time to time .  Should you wish to withdraw your consent please do so https://digitalcustomer.allianz.lk/  Data Privacy  Please ensure to go through the Privacy Notice (i.e. whi collected and to whom it is shared or disclosed etc.) wh Lanka Limited official website https://www.allianz.lk/da	s to the best a Limited.  Insurance Ladard/s via the by visiting be chexplains hich is availab	of my/our kn anka Limited, information elow link.	omotional offerometric owledge and Allianz Life It system of the type of personal Insurance	belief correct and com- belief correct and com- nsurance Lanka Limite Department of Registi ponal data will be collect Lanka Limited/ Allianz	e Lanka Limited / Allianz applete in every detail and ad to verify the authentici ration of Persons or any ted, why it is guited, why it is	Life Insurance  I will be the basis  ty of the particula
				Signature of the	ne Proposer	

of

## **Important Notice**

This is to inform you that this policy is issued to indemnify the Insured against legal liability in connection with the business/profession and/or subject matter described in the schedule to the policy. Therefore, such a judgement and/or decree being entered in a Court of competent Jurisdiction is a condition precedent to acceptance of liability in order to make any payment under the policy by us as Insurer subject to the terms, conditions and limitations therein.

If you need any clarification on the above, please do not hesitate to contact your Insurance Agent or our Head Office.

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