



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					
3. NIC/Passport No./ Business Registration Number		Preferred language of communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Sinhala	Tamil	English
4. VAT Registration		SVAT Registration			
5. Contact details	Home		Office		Mobile
	E-mail				Fax
6. State whether incorporated or partnership					
7. State when incorporated or established					
8. Giver number of	Directors	<input type="text"/>			
	Officers at Head office	<input type="text"/>	At Branches	<input type="text"/>	
	Employees at Head office	<input type="text"/>	At Branches	<input type="text"/>	
	No of Branches	<input type="text"/>			

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

(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  Yes  No

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

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

11. If you are insured against any of the covers to which his proposal relates, please give details.

Insurer's name :

Policy Number :

Expiry Date :

12. State the number of cheque accounts in your books as to date

13. Do you give credit or make loans against :

Yes No

a) Hire Purchase Notes?

b) Promissory Notes?

c) Chattel Mortgages?

d) Assigned accounts or similar security?

e) Pledging of jewels?

If 'Yes' please state the maximum amount allowed to any one borrower

f) Depending on Security offered

g) Depending on standing of customers

14. Please state the maximum amount of outstanding at any one time

15. Is it your practice to leave cash in tills overnight or when premises are closed?  Yes  No

If 'Yes' state the maximum amount at any one time

16. State the maximum amount of cash retained in your premises at any one time

17. State the maximum values of bearer or negotiable securities retained in your premises at any one time

**Transits**

18. Is transfer of money and negotiable securities usually made by armored motor vehicles/armed escorts?  Yes  No

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?  Yes  No  
(ii) Time lock?  Yes  No

(c) Are the walls, floors and ceilings of vault/strong room built of reinforced concrete and lined with steel?  Yes  No

(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?  Yes  No  
(ii) Police station?  Yes  No  
(iii) Elsewhere?  Yes  No

22. Do police patrol and inspect the premises?  Yes  No

23. (a) Do you have armed guards

(i) By day?  Yes  No

(ii) 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 protective devices are put into action each night or when premises is closed for business?

(b) Do you retain particular members of your staff for this duty?

Yes  No

(c) Do you employe a night watcher?

Yes  No

25. Name the corresponding Bank or Agency in London

26. State the limit of indemnity you require

**DECLARATION**

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 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 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

.....  
Signature of the Proposer

**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.*