

**AGENT/ BROKER/ BRANCH/ADO**

Name	
Code No.	

**PROPOSAL FOR PROFESSIONAL INDEMNITY INSURANCE**

**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. Subsidiary companies to be named in the insurance (If subsidiary/ associate companies are to be named, the information provided in this proposal form should also include their activities / operations)						
3. Postal Address						
4. Contact details	Home		Office		Mobile	
	E-mail			Fax		
5. NIC/Passport No. Business Registration Number				Preferred Language	<input type="checkbox"/> Sinhala <input type="checkbox"/> Tamil <input type="checkbox"/> English	
6. VAT Registration Number				SVAT Reg. No		
7. Full description of business, trade or occupation						

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

9. How long have you been in business?  years

**SECTION – A: PROFESSIONAL INDEMNITY**

- Total number of directors and staff
  - Directors
  - Staff
- Profession and Experience of each person  
(Please attach separate sheet, if space is insufficient)

Profession	Risks involved	Experience and qualification of the personal involved in the relevant field	Limit of Liability Per event	Limit of Liability Per Annum

3. (a) Does your business or practice extend to activities abroad ?  Yes  No
- (b) If 'Yes', what percentage is this of your total business ?  %
- (c) State manner in which overseas business is handled

(d) Indicate your annual turnover Rs.

4. In respect of the cover to which this proposal relates and any business in which you or any of your partners are/have been engaged has any insurer ever declined a proposal, refused a renewal, terminated an insurance or imposed special terms? Yes  No

If 'Yes', give details

5. Have any claims ever been made against you or your predecessors in business or any of the present or former partners ? Yes  No

If 'Yes', give details

6. Are you or any of the directors aware of any circumstances which is likely to give rise to a claim against you or the firm in your predecessor in business ?  Yes  No

If 'Yes', give details

**SECTION – B : FREIGHT FORWARDERS LIABILITY**

1. Please indicate the line of business activity in which you are engaged
- |   | Yes                      | No                       |                               |
|---|--------------------------|--------------------------|-------------------------------|
| (i) Ocean Freight Forwarders                  | <input type="checkbox"/> | <input type="checkbox"/> | If 'Yes', Annual Turnover Rs. |
| (ii) Air Freight Forwarders / Air Cargo Agent |                          |                          |                               |
| (iii) Warehouse Operators                     | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| (iv) Shipping Agent                           | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| (v) Container Freight Station                 | <input type="checkbox"/> | <input type="checkbox"/> |                               |
| (vi) Any other operations                     | <input type="checkbox"/> | <input type="checkbox"/> |                               |

2. 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 ? Yes No

If 'Yes', give details

(b) Have any losses or claims arisen during the past three years against you or any partner, director or employee of your establishment or of your predecessors in business whether previously insured or not ? Yes No

If 'Yes', give details

Date of Claim	Details of Claim	Amount involved (Both Paid & Outstanding) Rs.
.....	.....	.....
.....	.....	.....

3. Please advise the number of staff employed in the following category and years of experience

Category	Number of Staff	Years of Experience
1) Directors / Senior Management		
2) Senior Technical		
3) Operational		
4) Others		

4. Give precise details of trading conditions under which you operate inclusive of any National or International Convention

Please attach copies of appropriate documents relevant to such Convention(s)

5. State how you bring to the attention of your clients the trading conditions of the business activity in which you are engaged

6. Are you a member of any professional association?  Yes  No

If 'Yes', give details

7. In respect of your business activity as Freight Forwarder, give details of goods involved

8. State the percentage of goods carried by  
(i) Your own vehicle or vehicles under your control  %  
(ii) Vehicles of sub-contractors  %

9. If you employ sub-contractors and require liability cover in respect of sub-contracted loads:  
(i) Have you required them in your contract document to accept full responsibility for goods ? Yes  No  
(ii) Have you obtained from them a Letter of Indemnity ?  Yes  No  
(iii) Are you making a charge or reduction for insurance ? Yes No  
(iv) Do you obtain a written confirmation that they have valid and adequate insurance cover ? Yes No

10. Are you issuing Bills of Lading? Yes  No  
If "Yes" state the types and enclose specimen copies

11. If you are presently insured for any of the covers to which this proposal relates, state:  
(i) Name of Insurer  
(ii) Policy Number  
(iii) Amount of Excess in present insurance Rs.  
(iv) Special conditions imposed, if any

12. Do you prefer to bear an Excess? Yes No  
If "Yes" please state the amount

**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