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AGENT/ BROKER/ BRANCH / ADO

PROPOSAL FOR PROTECTION & INDEMNITY INSURANCE

AGENT/ BROKER/ BRANCH / ADO				
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, such facts should be disclosed as well.

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	Sinhala	Tamil	English
4. Vat Registration number					SVAT Number			
5. Contact details	Home			Office		Mobile		
	E-mail					Fax		
6. Location of property to be insured, if different from postal address								
7. Full description of business including those of any subsidiary and / or affiliated companies which Applicant is currently associated with								
8. Name & address of other interests, if any e.g. Bank or Mortgagee								
9. Period of cover required From			То					
10. How long has the company been in business? Years								
11. Period Applicant has operated vessels? Years								

12. Please list ALL previously owned and / or associated and / or affiliated maritime related companies that Applicant has been involved in

13	8. Has the Applicant and / or its affiliated companies been involved in bankruptcy proceedings? Yes No	
	If Yes, please specify details on separate sheet.	

14. Please specify navigational limits required:	
Limits of coverage required : USD	
Section II - Current Policies :	
15. Has the Applicant and / or affiliated companies been denied covera	ge or been subject to cancellation by Underwriters?
Yes No	
If Yes, please provide details :	
16. Is a Personal Accident Policy / Health Care Plan in force?	/es No
17. Please provide details of any National or State health benefits whic	h are automatically available to the crew.
18. Is a Comprehensive General Liability policy in force? Yes	s No
If Yes, i) is the "watercraft exclusion" deleted? Ye	is No
ii) is "contractual cover" included? Ye	s No
19. Name of current P & I Insurer?	
20. Number of years insured by current Insurer: Yea	rs
21. Date of P & I policy expiration:	
Section III - Loss Prevention :	
22. Have the Applicant's operations been subject to an independent sa	ifety audit? Yes No
If Yes, please give details of audit and recommendations, including wh place.	lose advisory services were used and date when implementation took
(Please use separate sheet)	
Section IV - Crew / Employees / Others :	
23. Total number of employees employed by Applicant, inc. crew	:
24. Total gross receipts for last 12 month period	: USD
25. Total gross payroll for last 12 month period	: USD
26. Total number of crew employed by the Applicant	:
27. Maximum number of crew working on Applicant's vessels A.O.T.	:

28. Does the crew work	on a "time shift" basis?
If Yes, specify :	A) period of time for each "shift" :
	B) number of "shifts" in any one 24 hour day :
	C) number of crew assigned to each "shift" :
29. Does the crew from	one "shift" remain on board after being relieved by the next "shift"?

Section V (contd.)

30. Please specify crew names, their appointed crewing positions and the period of time for which they have been employed by the Applicant, stating details of any Licenses held by those persons navigating Applicants vessels (please use separate sheet if necessary):

Name	Position	Licenses	Date of Employment				
31. Please give details of any pre-employment p	rogram carried out by the Applicant for a	any new crew :					
32. Are the above carried out for ALL newly appointed employees? Yes No							
33. If Yes, are the records available for scrutiny? Yes No							
34. Number of employees on board other than crew specified herein:							
35. Describe the circumstances under which these other employees are on board Applicant's vessels:							
36. Are there any "third party" personnel quartered on or working from the scheduled vessels? Yes Yes 37. Describe the circumstances under which these "third party" personnel are on board Applicant's vessels:							
 38. Are such "third party" personnel quartered on or working from the scheduled vessels under a contract? Yes No 39. If Yes, please give details of work carried out by them and the insurance requirements of your contract (which if written please provide copy) 							

Section VI - Vessel D	etails:	
40. Vessel Name :		CRT : Year Built :
41. Type of Vessel :		Construction Material :
42.Dimensions : .		Does vessel carry cargo? Yes No
43.In which Classification	on Society is vessel entered	?
44. Is vessel owned by	Applicant ?	Date purchased :
45. Is vessel under chai If Yes, please give detai		Yes No
46. Please specify owned	ership details:	
47. Date of last engine	overhaul:	
48 Insured value: USE)	. 49.Hull policy form :
50.Number of crew	:	50. Number of other employees :
51. Is this vessel used t	o carry passengers:	Yes No
52. If Yes, specify passe	enger capacity limitation for v	which vessel is licensed:
53. Are passengers issu If Yes, please give detai	ied with a Standard Passeng Is and provide copy:	ger Ticket? Yes No
		and completed for each vessel owned and/or operated by the Applicant. Any additional d be submitted in a similar format.
Section VII - Loss In	formation :	
without payment, ALL in	cidents whether an "estimat	IVE years. The list must include ALL previously Closed Claims, including those Closed te of loss" has been set or not and ALL other Claims where an estimate has been set and n Legal Fees and Expenses). Specify also the date at which the claim reserve and / or
		ssels operated by the Assured and / or Affiliated companies for the previous FIVE years, schedule and displayed in the format set out below:
YEAR :	to	Name of Insurer
54. Number of vessels of	operated in this year :…	Vessels

55. Number of crew applicable to this year : Crew

56. Vessel utilizati	on applicable	e to this year	:	%					
CLAIMANTS NAME	<u>D.O.L.</u>	VESSEL	PAID AMOUNT	RESERVED AMOUNT	RESERVE /REVIEW DATE	DETAILS OF LOSS			
(Please use a separate sheet if the given space is not sufficient)									
<u>Section VIII - G</u>	eneral :								
57. Does the Appl	icant require	Ship Owner's	s Liability to Carg	0? Yes	No				
If Yes, A) Specify types of cargo carried			:	:					
B)	Specify ma	aximum value:	s per shipment	:	:				
C) Specify limit of liability required			:	:					
58. Please give de	etails of Stan	dard Contrac	t of Carriage						
59. Contractual:									
Please give details	s of all contra	actual obligati	ons the Applicant	might incur as they rel	ate to this requested insura	ance:			

Please attach company brochure, if any.

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