## Allianz Insurance Lanka Limited

(Company No. PB 5179)



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## **PROPOSAL FOR PUBLIC LIABILITY INSURANCE**

AGENT/ BR	OKER/ 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 you should disclose such fact also.

Please note that no cover is in force until c	onfirmed by	the Company in	writing and t	he pr	remium paid.			
GENERAL INFORMATION (Please comple	ete in BLOC	K CAPITALS thro	oughout and	tick b	ooxes where app	ropriate)		
Full name of proposer(s) including     Trading Name (if any)								
2. Postal Address								
NIC/Passport No./     Business Registration Number					Preferred Language of communication	Sinha	la Tamil	English
4. VAT Registration Number					SVAT Reg No			
5. Telephone/Fax Nos. /E-mail	Home		Of	ffice		Mobile		
	E-mail					Fax		
Location of sites to be insured, if different from postal address								
Full description of business, trade or occupation								
Period of cover required from	Day Month	Year Day N	Month Year					
9. How long have you been in business?	years	3						
In respect of the covers to which this p     been engaged	oroposal rela	ates and any busi	ness in whicl	h you			_	are/have
<ul> <li>(a) Has any insurer ever declined a pro- terminated an insurance or impose</li> </ul>					Y	es _	No	
If 'Yes', give details								
(b) Have you in the last 5 years suffere proposed insurance whether previous If 'Yes', give details			ad claims in r	respe	ect of the Y	'es	No	

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Date of Occurrence	Details of Los	SS	А	mount involved Rs.	
11. Do you discharge trac	de waste into the atmosphere, sewers, wat	erways or elsewhere ?	Yes	No	
If 'Yes':					
(a) Has permission	(a) Has permission been obtained from appropriate authority?			No	
(b) Are all wastes re	endered harmless before discharging?		Yes	No	
blow lamps, blow tore	ription of any work involving the use of we ches or any other equipment or process inv own or away from your own premises	lding or cutting plant, olving the application			
13. Do you handle or use	gases, explosives, hazardous substances	s, as asbestos, toxic	Yes	No	
or radio active materi		,			
If 'Yes', have you cor	mplied with statutory provisions, rules, regu	lations in regard to same?	Yes	No	
	o any agreement under which liability is as		Yes	No	
	be liable under Statute or at Common Law	<i>!</i>			
If 'Yes', give details a	nd enclose copy of any agreement				
15. Please give details of	f your number of employees for each of the	last three years			
	T				
Year	Year Gross Turnover (i.e. all your receipts from trading activities)		Number of Employees		
			+		
What are your estimates for this year?					
their occupation. (You	es in respect of which cover is required, tog u may include premises where you carry ou te sheet if space is insufficient.				
Loc	ation of Premises	Occ	upation		

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17. Do you have facilities at your premises for loading or unloading of vessels, craft, railway wagons, containers, etc. ? If 'Yes', give details	Yes	No	
18. Does your regular business or trading activity include transportation of dangerous or hazardous substances from place to place ?	Yes	No	
State how you ensure that any sub-contractors employed by you maintain adequate liability measures			
20. Is this insurance to apply to mechanically propelled vehicles or plant NOT licenced for road use or for which compulsory insurance is required, lifts, escalators, cranes, hoists or any steam pressure apparatus? If 'Yes', give details	Yes	No	
21. Indicate limit of indemnity required for any one period any one accident of insurance	Rs.		
You will be required to bear the first 5% of the claim subject to a minimum of Rs. 10,000	0/- per claim		
22. If you are willing to bear the first portion of any claim for an amount higher than the compulsory excess of 5% of the claim, please indicate the percentage			%
23. Do you require extension of the policy to cover liability arising from injury caused due to food and drinks sold or supplied by you?	Yes	No	
24. Do you hire in or hire out plant or machinery?			
If yes, please give: (a) Type of plant	Yes	No	
(b) Estimated hire charges			
25. Do you undertake any operations outside Sri Lanka? If yes, please give details.	Yes	No	
DECLARATION  I/we declare that the information given in this proposal is to the best of my/our knowledge detail and will be the basis of the contract between me/us andAllianz Insurance Lanka Limited.  I/We hereby agree to receive via SMS and/or via e-mail to mobile number and/or email address pro any digital marketing purpose/s and communication relevant information including special proposed.	ovided by me/us here in al	pove respectively fo	
Limited / Allianz Life Insurance Lanka Limited.  I/We hereby grant my/our consent and authorize Allianz Insurance Lanka Limited/ Allianz Life Insurance particulars relating to me/us as holder/holders of National Identity Card/s via the information system of other validation method/system as applicable from time to time.	e Lanka Limited to verify the	e authenticity of the	ny
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 colle disclosed etc.) which is available on the Allianz Insurance Lanka Limited/ AllianzLife Insurance Lanka Limited officia notice.html prior to signing of this form/ application/ document.			

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Signature of the Insured