

**Allianz Insurance Lanka Limited**  
(Company No. PB 5179)



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**AGENT / BROKER / BRANCH / ADO**

Name	
Code No.	

**PROPOSAL FOR BURGLARY INSURANCE**  
**(BUSINESS PREMISES)**

**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. Postal Address							
3. NIC/Passport No. Business Registration Number				Preferred Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Sinhala	Tamil	English
4. VAT Registration Number				SVAT Registration			
5. Contact details	Home		Office		Mobile		
	E-mail				Fax		
6. Location of risk if different from the postal address							
7. Occupation of premises proposed for insurance e.g. warehouse, office, shop, factory, etc.							
8. Name & address of other interests, if any e.g. Bank or Mortgagee							

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

10. How long have you been in business?  years

11. 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', please give details.

(b) Have you had any burglary, housebreaking, robbery or theft at the proposed premises during the last 5 years.

If 'Yes', please give details

Yes  No

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

12. Steps taken to prevent recurrence (Please use a separate sheet if the provided space is not adequate)

13. (a) Are the premises in your sole occupation?  Yes  No
- (b) Is your portion of the premises self-contained?  Yes  No
14. Will the premises be permanently occupied by at least one adult occupant?  Yes  No
15. Are the premises guarded by watchmen or security guards?  Yes  No
16. Are stock registers and books of accounts maintained and regularly checked?  Yes  No
17. How long have you carried on business in these premises?  Years
18. When did you last have an audit and stocktaking?  Years ago
- If you have answered 'No' to any of these, please give details below:
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**19. SCHEDULE OF PROPERTY TO BE INSURED**

**NB. YOU MUST ENSURE THAT ALL ITEMS ARE INSURED FOR THEIR MARKET VALUES. IF ANY OF YOUR PROPERTY IS UNDER-INSURED, YOU WILL ONLY RECEIVE A PROPORTIONATE AMOUNT OF YOUR CLAIM.**

	DECLARED VALUE	FIRST LOSS SUM INSURED
(a) Stock in trade, packing material and goods held in trust or commission	Rs. <input type="text"/>	Rs. <input type="text"/>
(b) Furniture, office equipment, plant and machinery and all other contents	Rs. <input type="text"/>	Rs. <input type="text"/>
(c) Cash in safe (Declared value and First Loss Sum should be same. There is no First Loss Cover for cash)	Rs. <input type="text"/>	Rs. <input type="text"/>
<b>ANY OTHER PROPERTY (GIVE FULL DETAILS)</b>		
(d) .....	Rs. <input type="text"/>	Rs. <input type="text"/>
(e) .....	Rs. <input type="text"/>	Rs. <input type="text"/>
<b>TOTAL</b>	Rs. <input type="text"/>	Rs. <input type="text"/>

NB. The policy will not cover loss or damage to deeds, bonds, Bills of Exchange, promissory notes, cheques, money or securities for money, coins, medals, stamps, stamp collections, jewellery, watches, furs, precious stones, or articles composed of any of them, documents of title property, contracts or other documents, business books, computer system records, cellular phones, phone cards, CD, repair items, manuscripts, curios of works, sculptures, rare books, plans, drawings, patterns, models, molds or designs, unless specifically mentioned as Insured.

**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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