

**AGENT/ BROKER/ BRANCH/ADO**

Name	
Code No.	

**PROPOSAL FOR COMMERCIAL ALL RISKS**  
**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. 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 Number				SVAT Registration			
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, trade or occupation							
8. Name & address of other interests, if any e.g. Bank or Mortgagee							

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

10. How long have you been in business?  years

11. Have you obtained any other insurance from us? If yes, please give details.

12. 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 in the last 5 years suffered any accidents, losses or claims in respect of the proposed insurance whether previously insured or not?  
If 'Yes', please give details

Yes  No

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

**13. THE PREMISES**

(a) Are the premises self-contained?

Yes  No

If 'No', give details

(b) Are the premises used solely for your business and in one tenancy/occupation?

Yes  No

If 'No', give details

(c) Will the premises be regularly left unattended by day or night?

Yes  No

If 'Yes', give details

(d) Specify:

(i) Details of sales

(ii) Details of any protection & security measures arranged

14. Do you require cover against Riot & Strike Risks?

Yes  No

15. Do you require cover against Terrorism Risks ?

Yes  No

16. ITEMS TO BE INSURED:

Please complete the following details. Continue on a separate sheet if necessary

- NOTE.** (i) ALL ITEMS SHOULD BE INSURE FOR THEIR MARKET VALUES.  
 (ii) GIVE FULL DESCRIPTION AND VALUE OF EACH ARTICLE SEPARATELY.  
 (III) YOU WILL BE REQUIRED TO BEAR THE EXCESS STATED IN THE SCHEDULE/ POLICY IN RESPECT OF EACH AND EVERY OCCURRENCE OF LOSS/DAMAGE.  
 iv) IF ANY OF THE PROPERTY IS UNDERINSURED, YOU WILL ONLY RECEIVE A PROPORTIONATE AMOUNT AT THE TIME OF A CLAIM.

SI. NO.	DESCRIPTION	MAKE/MODEL/SERIAL NO.	PURCHASE PRICE RS.	VALUE FOR INSURANCE RS.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
<b>TOTAL VALUE</b>				

\*\* A VALUATION REPORT MAY BE REQUESTED BY THE COMPANY

**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 andAllianz 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