

**AGENT / BROKER / BRANCH / ADO**

Name	
Code No.	

**PROPOSAL FOR CONTINGENCY, CANCELLATION & ABANDONMENT AND NON-APPEARANCE 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	<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. Full description of business, trade or occupation						
7. Name & address of other interests, if any e.g. Bank or Mortgagee						

8. a) Type of performance(s) or event(s) to be insured

b) Title of performance(s) or event(s) to be insured.

c) Has this/have these performance(s) or event(s) been held before? If so. how often?

d) What is/are the involvement(s) of Proposer(s) in performance(s) or event(s) and what is/are the experience of the Proposer(s) in this capacity?

e) Is/are the performance(s) or event(s) part of a larger production, Promotion, series or tour?  
If yes, please provide details.

9. a) Date(s) and venue(s) of performance(s) or event(s).

(If more than one performance or event a full itinerary is required showing times, dates and exact venues of all performances).

b) When would you like the insurance to commence? From  to

10. If the proposed event is a tour, what will be the method of transport used by:

a) Insured person(s)?

b) equipment?

11. What allowance in the itinerary has been made for:

a) travel delay?

b) set up time?

c) 'Stand-by' dates?

12. a) Will any performance(s) or event(s) be held in the open air or a temporary structure? Yes  No

b) Is the stage or area in which the performer(s) work(s) under cover? Yes  No   
if yes, give full details.

c) Is cover required for cancellation or abandonment as a result of adverse weather? Yes  No

(d) Is/are the venue(s) exposed to wind, flood or water logging? Yes  No   
If yes, give full details.

(N.B. Questions 7, 8, 9 and 10 need only be answered if non-appearance cover is being requested.)

**FOR THE PURPOSES OF ANY INSURANCE GRANTED AS A RESULT OF THIS PROPOSAL COVER SHALL BE LIMITED TO THE INDIVIDUAL(S) OR GROUP(S) NAMED IN THE SCHEDULE ATTACHED TO THE POLICY.**

13. Details of (all) person(s) to be insured. Name(s), age(s) and participation.

14. Has any person to be insured has any history of non-appearance? Yes  No   
If yes, please give full details.

15. Has any provision been made for Understudies or Substitutes?

Yes  No

If yes, give full details.

16 a) Is/are the person(s) to be insured suffering from any physical, psychological or other medical conditions? Yes  No

If Yes, give full details.

b) Is/are the person(s) to be insured undergoing any form of medical or other treatment? Yes  No

If Yes, give full details.

c) Is/are the person(s) to be insured following any prescribed medical regime? Yes  No

If Yes, give full details.

**(N.B. Answers to question 10 should only be made after consultation with person(s) to be insured. Underwriters may require this/these person(s) to undertake a medical examination).**

**BEFORE ANSWERING THE FOLLOWING QUESTION YOUR ATTENTION IS DRAWN TO THE FACT THAT THE INSURANCE WILL CONTAIN WARRANTIES REGARDING NECESSARY ARRANGEMENTS AND CONTRACTUAL REQUIREMENTS.**

17. a) Have all necessary arrangements for the successful fulfillment of the performance(s) or event(s) to be insured been made?

Yes  No

If no, please give full details.

b) Have all necessary licenses, visas, permits been obtained and have all contractual arrangements been confirmed in writing?

Yes  No

If no, please give full details.

c) What limit of indemnity is required?

d) Please provide details of the budget.

Amount

	Costs		
	Commitments		
	Guarantees		
	Expenses		
	Fees		
	Commission(s)		
	Sponsorship		
	Advertising		
	Promotion Costs		
	T.V. rights Other rights (please give details)		
	Other Expenses		
	Net Profit		
TOTAL			

e) Do these sums represent the full extent of your financial responsibilities? Yes  No   
 If Yes, please give full details.

18 a) If the performance(s) or event(s) has/have been held before under the present management or any other? Yes  No

b) has there ever been a loss? Yes  No   
 If the answer to any of the above is yes, please give full details.

c) has/have the Proposer(s) ever suffered a loss whether insured or otherwise in respect of his/their involvement in any type of performance(s) or event(s)?

Yes  No

If Yes, please give full details.

19. Are there any material facts or items of information with regard to the proposed performance(s) or event(s) which should be disclosed ?  
 (A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters)

**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