

AGENT/BROKER/BRANCH/ADO

Name	
Code No.	

PROPOSAL FOR MONEY 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, such facts should be disclosed as well.

Please note that no cover is in force until confirmed by the Company in writing and the premium paid.

(The policy includes cover for loss of cash arising from INFIDELITY OF CASH CARRYING EMPLOYEES.)

GENERAL INFORMATION

1. Full name of proposer(s) including Trading Name (if any)					
2. Postal Address					
3. NIC/Passport/ Business Registration Number			Preferred Language	Sinhala	Tamil English
4. VAT number			SVAT Number		
5. Contact details	Mobile		Office		Home
	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 Ex: Bank or Mortgagee					

	Day	Month	Year
9. Policy to commence on	<input type="text"/>	<input type="text"/>	<input type="text"/>

Policy to be renewed on	<input type="text"/>	<input type="text"/>	<input type="text"/>
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10. How long have you been in business? Years

11. In respect of any of the covers to which this proposal relates and any business in which you or any of your partners or directors are, or 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" give details.

(b) Have you suffered any loss of money within the last 5 years through the dishonesty of employee(s) or by any other means? If "Yes" state the circumstances and the steps taken to prevent a recurrence:

Yes No

Date of Occurrence	Details of Loss	Amount involved
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THE FOLLOWING RELATE TO CASH, BANK NOTES POSTAL ORDERS & MONEY ORDERS

12. Please give:

(a) In the space below full details of transits including points of collection and delivery

(b) Estimated total annual carrying of money to and from bank or any other place of payment or collection (excluding carriage by a security company)

(c) (i) Limit to apply to any single loss of money (This should be the maximum loss which could be sustained at any one time, whether on the premises or during transit.)

(ii) Maximum limit for bonuses & special payments up to a maximum of twice a year.

(d) (i) Details of Safes, Strong rooms and of Money there in to be insured out of business hours.

N.B. Please complete, if only limit required exceeds Rs.50,000/- and the value of the safe exceeds Rs.100,000/-
Cash held overnight should be in locked safe

Location	Make of safe	No. of Keys	Held by whom	Value of the Safe (Rs.)	Max. of amount at risk (Rs.)
				Rs.	
				Rs.	
				Rs.	

(e) Whether any cash is held overnight other than in a safe? If so how much?
(Automatic cover is provided upto Rs. 10,000/- any one loss outside safe)

The following security arrangements shall be provided depending upon the actual amount of cash carried:-

- (i) In case of amounts less than Rs.200,000/-, Money shall be transported in any motor vehicle other than public transport by one employee.
- (ii) In case of amount between Rs.200,000/- and Rs.1,000,000/-, Money shall be transported in any motor vehicle other than hired three wheelers and public transport by two employees.
- (iii) In case of amounts between Rs.1,000,000/- and Rs.7,500,000/-, Money shall be transported in a private motor vehicles only, by two employees.
- (iv) In case of amounts exceeding Rs. 7,500,000/-, Money shall be transported in a private motor vehicle only, by at least two employees and additionally the carriage of money shall be protected by armed guards.

13. Please indicate how cash is carried to or from banks, and how accompanied.

14. (a) Is money in the hands of the security company to be covered? Yes No
(We recommend that you do so)

(b) Name of the Security Company

(i) Estimated Annual Carrying

(ii) Maximum any one Carrying

(c) Whether the security company accepts full liability for loss of all money in their custody? Yes No

15. Are the keys of all safes/strongrooms removed from the premises out of business hours? Yes No

16. If money is in the hands of collectors (e.g) traveling salesman, purchasing officers etc. who handle or collect cash outside your premises, please state :

a. Estimated total amount collected annually

b. Maximum amount held by any one such person at any one time.

c. Number of such persons

d. If money is held overnight by these persons, what arrangements are made for its protection (Indicate below)

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17. Do you require cover against Riot & Strike Risks? Yes No

18. Do you require cover against Terrorism Yes No

Note

- (i) Damage to clothing & personal effects of your employees following robbery or any attempt of threat is automatically covered up to a maximum of Rs.2500/-
- (ii) Personal Accident cover is automatically provided to those employees who suffer death or bodily injury (as described in the policy) whilst actually carrying / handling cash on behalf of the company (maximum any one person Rs.100,000/-)
- (iii) Damage to safe of Strong Room etc. is covered upto a maximum of Rs.100,000/- any one event and for the period of insurance (unless specified in the schedule).

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 inabove 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Signature of the Proposer