

PROPOSAL FOR SOLAR PANELS (PHOTO VOLTAIC) INSURANCE

Please answer all questions. Benefits under the policy may not be payable in the event of non-disclosure or misrepresentation of material facts. If you are in doubt as to whether any fact is material please disclose same. Tick boxes (✓) where appropriate.

1. Name of Proposer					
ID No.		Date of Birth (dd/mm/yyyy)			
2. Profession/ Occupation		VAT No.(If applicable)			
3. Postal Address					
Tel		Fax		E-mail	

4. Address of the Property to be insured					
5. Name and Address of Mortgagee					
6. Period of Insurance (Day/Month/Year)		From :		To:	
7. Description of the premises where the property to be insured are kept		<input type="checkbox"/> Home		<input type="checkbox"/> Office	
		<input type="checkbox"/> Other (Please state)			

8. Items to be Insured			
Description	When & Where Purchased	Amount Paid	Sum to be Insured
Total (Rs.)			

9. Explain where/ how installed Eg:- On the Roof			
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10. Basic Covers <ul style="list-style-type: none"> • Fire and/or lightning • Storm and tempest including cyclone • Flood • Earthquake and its consequences • Accidental Damage • Electrical Extra Cover 		Extensions available : <ul style="list-style-type: none"> • Riot and Strike <input type="checkbox"/> • Terrorism <input type="checkbox"/> • Theft involving forcible entry to the premises or accompanied by violence or threat of it <input type="checkbox"/> • Electrical Extra Cover without fire marks to LKR 200,000.00 <input type="checkbox"/> 	
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11. Have you suffered from having any property stolen, lost, damaged, within the last 3 years? You must disclose all losses, even if uninsured or not claimed.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Have you ever been refused cover by any insurance company or had special terms imposed in respect of similar type of insurance? If yes, please state the name of the insurance company and the reason(s) for refusal		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Declaration

- I/We wish to insure with People's Insurance PLC (the Company) in the usual form for this class of insurance.
- I/We declare that to the best of my/our knowledge and belief the information given is true in every respect and if such statements are in the writing of another person, he/she acted as my/our agent for such purpose.
- I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Company.
- I/We understand and agree that the proposal will be effective only if the company has accepted it.
- I/We understand and agree that the policy is subject to the premium warranty clause.

..... Date Signature
Business Channel	