

### 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		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	
Total (Rs.)					
8.1 Total capacity of solar (PV) electrical system (in Kw) .....					
8.2 Type of solar (PV) electrical system whether, On Grid <input type="checkbox"/> Off Grid <input type="checkbox"/> Hybrid <input type="checkbox"/>					
8.3 If off Grid or Hybrid , whether batteries are available : Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" number of batteries .....					
8.3.1 Capacity of each Battery (in V, Ah) .....					
8.4 Is a Wifi module attached to the inverter Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes"sum insured of wifi module Rs. ....					
9. Explain where/ how the solar (PV) Panels are installed		<input type="checkbox"/> Roof Mounted <input type="checkbox"/> On a separate canopy structure <input type="checkbox"/> Ground Mounted <input type="checkbox"/> Other (Please state) .....			
10. Where is the inverter and electrical protection system installed		<input type="checkbox"/> In a closed room <input type="checkbox"/> Outside sheltered			
11. <u>Basic Covers</u>		Extensions available :			
<ul style="list-style-type: none"> <li>• Fire and/or lightning</li> <li>• Storm and tempest including cyclone</li> <li>• Flood</li> <li>• Earthquake and its consequences</li> <li>• Accidental Damage</li> <li>• Electrical Extra Cover</li> </ul>		<ul style="list-style-type: none"> <li>• Riot and Strike <input type="checkbox"/></li> <li>• Terrorism <input type="checkbox"/></li> <li>• Theft involving forcible entry to the premises or accompanied by violence or threat of it <input type="checkbox"/></li> <li>• Electrical Extra Cover without fire marks to LKR 200,000.00/ Up to the total Sum insured <input type="checkbox"/></li> <li>• Public liability <input type="checkbox"/></li> </ul>			

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
13. Are you a resident of Sri Lanka <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident If "Non- resident" Address of resident country .....		
13.1 Are you citizen of another country <input type="checkbox"/> Yes <input type="checkbox"/> No		
13.2 If "Yes" the country .....		
13.3 Passport Number .....		
14. Identification of politically Exposed persons		
14.1 Are you or any of your immediate family member or closed associate is politically exposed person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No		
14.2 If "Yes" please specify .....		
<p>"Politically exposed person" PEP, means an individual who is entrusted with prominent public functions either domestically or by a foreign country, or in an international organization and includes a head of state or a Government, a Politician, a Senior Government Officer, Judicial Officer or Military Officer, a Senior Executive of a State Owned Corporation, Government or autonomous body but does not include middle rank or Junior rank individuals;</p> <p><b><u>Declaration</u></b></p> <ul style="list-style-type: none"> <li>• I/We wish to insure with People's Insurance PLC (the Company) in the usual form for this class of insurance.</li> <li>• 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.</li> <li>• I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Company.</li> <li>• I/We understand and agree that the proposal will be effective only if the company has accepted it.</li> <li>• I/We understand and agree that the policy is subject to the premium warranty clause.</li> <li>• I/We hereby agree to be bound by the Privacy Policy of People's Insurance PLC, accessible at <a href="https://peoplesinsurance.lk/privacy-policy/">https://peoplesinsurance.lk/privacy-policy/</a> . If you need a hard copy of the Privacy Policy of People's Insurance PLC, please call 0112-206306 or email <a href="mailto:pilassist@peoplesinsurance.lk">pilassist@peoplesinsurance.lk</a></li> <li>• I/We agree to promptly notify the Company of any alterations or changes to the information provided herein.</li> </ul>		
..... <b>Date</b>		..... <b>Signature</b>
<b>Business Channel</b>		