



PEOPLE'S INSURANCE LIMITED.
(Company No. PB 3754)
No 07, Havelock Road,
Colombo 05.
Tel: (011) 2206406 Fax: (011) 2206399

PROPOSAL FOR BUSINESS INTERRUPTION INSURANCE

1. Name of Proposer :

2. Postal Address :

3. Business : Telephone No. :

4. How long have you carried on present business?.....

5. Situation of all the premises to be included in the insurance:.....
.....

6. Period of Insurance: From: To :

7. Indemnity period required: months.

8. Sums to be insured :

- | | |
|---|----------|
| 1. On Gross Profit | Rs. |
| 2. On wages (100% forweeks and%
for remainder of Indemnity Period) | Rs. |
| 3. On Auditors Charges | Rs. |
| 4. On | Rs. |
| 5. On | Rs. |

9. Name and address of your Auditors:
.....

10. Has any Insurer declined to accept to continue any insurance in respect of the perils now proposed? If so, give details:

11. Are you insured against the material loss caused by fire or other extra perils required? If so, state Policy Nos. :

12. Have you ever sustained loss or damage by any of the perils now proposed or loss of profits resulting therefore? YES/NO
If YES, give details:

13. ADDITIONAL PERILS (Other than fire and lightning) which may be included in the insurance:

(Please delete those not required)

- | | |
|--|---|
| a) Explosion | (e) Natural Perils |
| b) Riot and Strike | (e1) Cyclone, Storm, Tempest |
| c) Malicious Damage
(as extension to b) | (e2) Flood |
| d) Aircraft Damage | (e3) Earthquake |
| | (f) Escape of water from tanks, apparatus or pipes |
| | (g) Impact by road vehicles excluding the Proposer's
own vehicles. |

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Note: No Insurance is in force until the proposal has been accepted and cover confirmed.
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Declaration

- I/We wish to insure with People’s Insurance Limited. (Company) in the usual form for this class of insurance.
- I/We agree that immediate notice will be given to the Company of any alteration in the circumstances described herein.
- 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: **Proposer’s Signature:**
Designation :

Business Channel

Computation of amounts to be insured

Difference Method

Annual Amount
Rs.

Sales: Turnover (less discount received)	Rs.	
Add closing stock	Rs.
Deduct opening stock		_____

Less specified working expenses

(those that reduce in proportion to reduced turnover)

- | | |
|---|----------|
| a) 100% of purchases (less discount received) | Rs. |
| b) 100% of packing material | Rs. |
| c) | Rs. |
| d) | Rs. |
| e) | Rs. |

Annual Gross Profit
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Addition Method

Net Profit – before the deduction of any taxation chargeable on profits.....

Note: Adjustment should be made to exclude any income not arising from the business to be insured, e.g., transfer fees, rents, dividends’ from investments.

Plus standing Charges

Annual Gross Profit
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For wages

Total annual wage roll of all employees whose remunerations is not treated as salaries in the books (including bonuses, holiday pay and other payments pertaining to wages).

The above total annual wage roll should be adjusted as necessary to be adequate for the future. Where the indemnity period exceeds 12 months the amount should be increased proportionately

Sum Insured

- Cover Required** (a) All wages for a period of..... weeks/months.
 (b)% of the total wage roll for the balance of the maximum indemnity period.