

COVER NOTE NO :
BRANCH/DEPT :
DATE :

TEMPORARY COVER NOTE

SCHEDULE

CLASS OF INSURANCE:-	
PREMIUM LKR :-	SUM INSURED LKR :-
DESCRIPTION OF THE PROPERTY, PERSON, INTEREST OR LIABILITY :-	
PERILS :-	
EXTENSIONS, ENDORSEMENTS, LIMITATIONS, AND/OR CLAUSES, WARRANTIES :-	

DATE & TIME :-
USER NAME :-

HNB ASSURANCE PLC

AUTHORIZED SIGNATORY