

Allianz Insurance plc

Complete Motor Trade and Complete Headlight

Proposal



Allianz 

Covers Required

Please indicate if cover required

Please complete all questions of the relevant sections on the following pages.

Pages 2, 3, 17–19 must be completed in all circumstances

Material Damage Yes No
(see pages 4–6)

Motor Vehicle Road Risks Yes No
(see pages 7–10)

MOT – Loss of Licence Cover Yes No
(see page 11)

Engineering Yes No
(see page 12)

A copy of the policy is available on request

Agent

Public and Products Liability Yes No
(see pages 13)

Employers Liability Yes No
(see pages 13)

Business Interruption Yes No
(see page 14)

Fidelity Guarantee Yes No
(see page 14)

Conversion Yes No
(see page 14)

Personal Accident Yes No
(see page 15)

Commercial Legal Expenses
(see page 15)

Directors & Officers Liability Yes No
(See Page 15–16)

Other covers such as Professional Indemnity, Group Personal Accident and Sickness, Annual Business Travel and Environmental Impairment Liability may also be available to you. Please contact your broker/agent for further details.

Business Details

Please use block letters

Full Name *

Address

 Postcode

Telephone Number

Details of risk address if different from above

Premises (a)

Address

 Postcode

Telephone Number

Premises (b)

Address

 Postcode

Telephone Number

Please note, (a) and (b) will be used to refer to each of your premises throughout this proposal form

If you have more than 2 premises, please complete an additional proposal form

Company Registration Number Employee Reference Number (ERN)

*If not a limited company show the full names and addresses of all principals and partners and any trading name. List any subsidiary companies to be insured below, and provide ERN's if different to that shown above.

Number of years company has been established

Number of years at risk address (a) (b)

Full description of business or trade (include all aspects e.g. body repairs, spraying etc.)

Are you a member of the Retail Motor Industry Federation (RMI)? Yes No

if 'Yes'

State membership number

What excess do you require? £350 £500 £1000 above please state

(Please note your choice of excess will apply to the Material Damage section and Motor Vehicle Road Risks section Indemnity 2 – Damage unless otherwise agreed)

Business Speciality

Indicate the extent of your specialisation in the types of vehicles referred to under the categories **a** to **e** below and vehicles you specify under category **f** by reference to the key: **A = your normal area of trade** **B = several times per quarter** **C = rarely, if at all**

	(A, B, or C)
a motor cars and light goods vehicles	<input type="checkbox"/>
b heavy goods vehicles	<input type="checkbox"/>
c motorcycles	<input type="checkbox"/>
d buses, coaches and other vehicles designed to carry more than 8 people	<input type="checkbox"/>
e agricultural machinery or mobile plant	<input type="checkbox"/>
f other - specify: <input type="text"/>	<input type="checkbox"/>

Are vehicles sold? Yes No

If 'Yes'

Are you a franchised dealer? Yes No

If 'Yes' what franchises do you hold:

Give details of the main makes and models and types of vehicles sold and/or worked upon:

Does the value of any motor car owned or used by the business exceed £100,000? Yes No

If 'Yes'

Give details on Page 8 (Question 7c)

Do you import or sell vehicles that have not been type approved to British or European standards (Grey Imports)? Yes No

If 'Yes' – Please provide details below

Do you carry out work away from your premises other than vehicle recovery or delivery? Yes No

If 'Yes' – Please provide details below

Material Damage

1 Are your premises built only of brick, stone, concrete, concrete block or uninsulated metal cladding with slate or tile supported by timber framing, metal, asbestos or concrete roof?

	Premises (a)		Premises (b)				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If 'No' – Please provide details below

2 Are you the sole occupant of your premises?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If 'No' – Please provide details of the other occupants' trades

3 Are any parts of the premises unoccupied?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If 'Yes' – Please provide details below

4 Do you use portable gas/oil heaters at your premises?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If 'Yes' – Please state number and type of heaters used

5 Is an intruder alarm installed at the premises?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If 'Yes' – Please provide details below

a Alarm manufacturer				
b is the alarm maintained under contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c is the maintenance company NSI/SSAIB approved?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d what is the maintenance company name?	<input type="text"/>		<input type="text"/>	
e what is the signalling method?	<input type="text"/>		<input type="text"/>	
f does the alarm have police response?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes' what level?	<input type="text"/>		<input type="text"/>	

6 Is a proprietary key cabinet installed at the premises and secured to the fabric of the building?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------	-----	--------------------------	----	--------------------------

a When the vehicles are left unattended, are the keys and locking devices removed from all vehicles on the premises during business hours and kept in a secure location?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b Are the keys and locking devices removed from the premises outside business hours or locked in an approved safe or a proprietary key cabinet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

7 Do you require subsidence, ground heave or landslip cover? Yes No Yes No

If 'Yes' – Please complete the following questions

a Do the buildings at the premises or neighbouring buildings show any evidence of damage from subsidence, ground heave or landslip (such as cracking or bulging of walls)? Yes No Yes No

b Have the buildings been erected on made up ground (such as filled pits, rubbish tips and the like)? Yes No Yes No

c Is there a history of subsidence or ground heave or landslip in the area? Yes No Yes No

8 Do you want us to quote for Terrorism Cover? Yes No

9 Only complete if you are a RMI member

Do you require rectification cover? Yes No

Material Damage – Sums Insured

1 Basis of cover

Buildings, tenants improvements and contents are insured on a reinstatement basis. Stock and vehicles are insured on an indemnity basis.

Sums Insured

The Sum insured selected must represent the full cost of reinstatement of the property to be insured at the commencement of the period of insurance without adjustment for the effects of any subsequent inflation upon such cost.

Allowance should be made for Architect's, Surveyors' and Consultants' fees and other additional costs involved in reinstatement as a result of the need to comply with Public Authority requirements and the cost of Debris Removal.

2 Property Insured

	Premises (a)	Premises (b)
a Buildings (Declared Value)	£ <input type="text"/>	£ <input type="text"/>
Buildings: Include Landlord's fixtures and fittings, outbuildings, fixed glass, kiosks, canopies, fixed signs, walls, wind turbines, solar panels (attached to buildings), gates, fences, roads, car parks, yards, paved areas, footpaths and any main services for which you are responsible.		
b Tenants Improvements	£ <input type="text"/>	£ <input type="text"/>
c Loss of Rent receivable/payable	£ <input type="text"/>	£ <input type="text"/>
Number of months	<input type="text"/>	<input type="text"/>
3 Stock (excluding vehicles)	£ <input type="text"/>	£ <input type="text"/>

Include spare parts, fuel and oil stocks and materials in trade belonging to you or for which you are responsible.

4 All other Property

	£ <input type="text"/>	£ <input type="text"/>
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Include fuel pumps, underground tanks and associated pipes and cables, machinery, plant and tools, office furniture, equipment and records.

5 Vehicles

	£ <input type="text"/>	£ <input type="text"/>
a What is the percentage value of vehicles on your premises overnight		
i Inside the buildings	<input type="text"/> %	<input type="text"/> %
ii In an enclosed and secure area outside the buildings	<input type="text"/> %	<input type="text"/> %
iii Elsewhere in the open	<input type="text"/> %	<input type="text"/> %
b What seasonal increases are required in connection with your vehicle sum insured?		
month(s) <input type="text"/>	<input type="text"/> %	<input type="text"/> %
month(s) <input type="text"/>	<input type="text"/> %	<input type="text"/> %

6 Property Limits

These are inner limits within the sums insured specified by questions 3, 4 and 5 and the value of the property specified under the property limits must be included within those sums insured.

e.g. If the portable hand tools are valued at £8,000 and the remaining contents are valued at £20,000 then the All other Property is £28,000 and the £10,000 portable hand tools limit is adequate. If alternatively the portable hand tools are valued at £15,000 then the All other Property sum insured would be £35,000 and the portable hand tools limit requires increasing from £10,000 to £15,000.

State the limits you require if the amounts stated against the property defined below are insufficient:

- | | | | | | |
|---|---|---|------------------------------|---|-----------------------------|
| a | £10,000 portable hand tools | £ | <input type="text"/> | £ | <input type="text"/> |
| b | Nil for any stock of in vehicle entertainment equipment (whether or not contained in vehicles), MP3 players and mobile phones | £ | <input type="text"/> | £ | <input type="text"/> |
| c | £1,500 for any property whilst in transit | £ | <input type="text"/> | £ | <input type="text"/> |
| d | Nil exhibition cover | £ | <input type="text"/> | £ | <input type="text"/> |
| e | Nil for any stock of cigarettes, tobacco, CDs, DVDs, wines & spirits & clothing | £ | <input type="text"/> | £ | <input type="text"/> |
| f | £1,000 for the contents of customers vehicles and personal property in any other vehicle, whilst in your custody or control | £ | <input type="text"/> | £ | <input type="text"/> |
| g | Nil for deterioration of goods | £ | <input type="text"/> | £ | <input type="text"/> |
| h | Option to include legal liability for customers loads £50,000 limit? | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |

7 Money Limits

Negotiable money includes:

Cash, bank and currency notes, uncrossed cheques, giro cheques including pre-authenticated giro cheques, uncrossed warrants, uncrossed postal and money orders, current postage and revenue stamps, National Savings stamps and certificates, holiday with pay stamps and gift tokens, National Insurance stamps (whether affixed to cards or not), debit card sales vouchers, trading stamps, luncheon vouchers and bills of exchange, security for money travel warrants and authenticated travel tickets and phone cards for use by You or any partner, director or employee of You in connection with The Business, consumer redemption vouchers and company sales vouchers, and unexpired units in franking machines.

- a What limits do you require in respect of negotiable money?
- i On the premises during business hours or in transit or in a bank night safe?
- | | | | |
|---|----------------------|---|----------------------|
| £ | <input type="text"/> | £ | <input type="text"/> |
|---|----------------------|---|----------------------|
- ii In a locked safe(s) as specified
- | | | | |
|-----------|----------------------|-----------|----------------------|
| Make | <input type="text"/> | Make | <input type="text"/> |
| Model | <input type="text"/> | Model | <input type="text"/> |
| Limit (£) | <input type="text"/> | Limit (£) | <input type="text"/> |
- b Do you require an:
- Increase in the amount of benefit payable under the Personal Accident Assault cover? (refer to the policy wording for standard limits).
- Yes No

Motor Vehicle Road Risks

Basis of Cover

1 Indicate the basis of cover required: Comprehensive TPF&T TPO Partial Comprehensive

Premises

2 State the licence numbers of all trade plates

Premises (a)

Premises (b)

Business Use Vehicles

3 State the number and (where indicated) carrying capacity of the following types of vehicle owned by the business and licensed for road use

a Recovery Vehicles

i capable of transporting 1 vehicle

ii capable of transporting 2 vehicles

iii capable of transporting more than 2 vehicles -

state the number of vehicles which each can transport

b Passenger carriers with more than 8 seats

c All other vehicles

Loan or Hire

4 What is the maximum number of vehicles that may be used for loan or hire to customers leaving their own vehicle for warranty work, service or repair -

a Where customers' Insurers provide cover?

b To be insured under this policy?

Drivers

5 State the maximum number of persons who may drive on business

Unaccompanied Demonstration

6 Do you wish to include Unaccompanied Demonstration (subject to acceptance criteria)?

Yes

No

Private Use

7 Do you require cover to be extended to include social, domestic and pleasure use?

Yes

No

If 'Yes'

a How many of the following types of vehicle may be used for this purpose?

i Motor cars

state the makes of motor cars normally used

ii Commercial vehicles up to 2 tonnes plated weight

iii Commercial vehicles over 2 tonnes but not exceeding 7.5 tonnes plated weight

iv Motorcycles

v Any other

Give details of any other

Motor Vehicle Road Risks continued

Private Use (continued)

b State the maximum number of persons who may be permitted to drive for pleasure use?

i Aged 17 to 20

ii Aged 21 to 24

iii Aged 17 to 20 using a motorcycle

iv Aged 21 to 24 using a motorcycle

c Do you have any motorcycles over 500 cc or motor car(s) Group 29 or over, or are valued in excess of £50,000?

Yes

No

Yes

No

IF 'Yes'

Provide Make, Model, Age and Value of each vehicle

If you are unsure as to the group rating of a vehicle, your Broker or Allianz will provide assistance as necessary.

Vehicle

Vehicle

Vehicle

8 Do you wish to insure any vehicles not owned or registered in your company name, for use other than in connection with the business?

Yes

No

IF 'Yes' – Provide Make, Model, Registration Number and Value of each Vehicle and details of the owner and registered keeper.

Modification to Vehicles

9 Has any vehicle been tuned or modified to increase its performance?

Yes

No

IF 'Yes' – Give details

Road Traffic Offences/Health

10 Have you or any person who may drive vehicles with your authority:

- a** In the past 5 years been convicted of any motor offences coded AC, BA, DD, UT, XX, IN, DR, CD40–71, MS50, TT99 (Disqualification), NE99 (Disqualification) or any offences or combination of offences resulting in a disqualification from driving or has a prosecution pending in respect of any of these offences or where their points accumulation exceeds 6.

Convictions spent under the terms of the Rehabilitation of Offenders Act 1974 or any subsequent amendments, should not be disclosed.

Name	Age	Date	Penalty	Circumstances
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MOT – Loss of Licence Cover (Please complete if you require this cover)

	Premises (a)	Premises (b)
1 Vehicle Testing Station Number:	<input type="text"/>	<input type="text"/>
2 What was your MOT test fee income over the past 12 months?	£ <input type="text"/>	£ <input type="text"/>
3 What do you anticipate your MOT test fee income will be over the next 12 months?	£ <input type="text"/>	£ <input type="text"/>
4 State the number of MOT bays you operate at the premises	<input type="text"/>	<input type="text"/>
5 Approximately how many MOT tests do you carry out annually?		
a for Private Customers?	<input type="text"/>	<input type="text"/>
b for Motor Trade Customers?	<input type="text"/>	<input type="text"/>
6 Have you ever had, or are you currently under threat of suspension, cessation or withdrawal of your MOT Testing Station Licence?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' – Give dates and details of all such warnings and notices.		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
7 Other than covered by question 6, have you or any of your Nominated Testers received any Penalty Points issued under the Driver and Vehicle Standards Agency disciplinary system?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' – Give dates and details of all such warnings.		
<input type="text"/>		
<input type="text"/>		
8 Other than covered by question 6, have you or any of your Nominated Testers received any Formal Warnings issued under the Driver and Vehicle Standards Agency disciplinary system?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' – Give dates and details of all such warnings .		
<input type="text"/>		
<input type="text"/>		
9 Have you or any of your Nominated Testers voluntarily attended Driver and Vehicle Standards Agency Training Courses during the last five years?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' – Give dates and details.		
<input type="text"/>		
<input type="text"/>		
10 How long have you been conducting MOT tests?	<input type="text"/>	
11 What are your normal business hours during which MOT tests are carried out?	<input type="text"/>	
<input type="text"/>		
12 What indemnity period is required?	12 months <input type="checkbox"/>	24 months <input type="checkbox"/>

Engineering (Please complete if you require periodic examinations of specific plant or insurance cover)

The services and cover under this Section are provided by Allianz Engineering, a UKAS accredited fully independent examination authority meeting the requirements of BS EN 45004 Quality Standard.

1 Fragmentation

- a Specify all plant to be inspected indicating the category of inspection required by reference to the key below:

For any Passenger Goods/Car Lifts specified, please indicate the number of floors served.

Examination services will be based on the list or schedules of plant provided. The periodicity of examinations will be in accordance with SAFed guidelines unless risk evaluation by clients or a competent authority stipulate another periodicity.

If you require more specific examinations, indicate your requirements by adding the number of examinations required to the "Key" code, for example CR3.

P = Pressure

EM = Electrical / Mechanical

CR = Cranes / Lifting

Schedule of Plant (excluding Fuel Pumps)	Power/Load (kw/tons)	P, EM or CR	Premises A Number	Premises B Number

2 Breakdown

Is cover required against the risk of breakdown of plant?

Yes

No

3 Cost of Hiring / Increased Costs

Is cover required against the need to hire replacement plant or otherwise complete work, at increased costs following the breakdown of plant?

Yes

No

This cover is only available if cover extends to include Breakdown (question 2).

COSHH Regulations

The Control of Substances Hazardous to Health Regulations 1988 extend the scope of examination and the range of ventilating plant requiring inspection. Spray booths and similar extraction plant may require inspection under COSHH.

Do you require further information?

Yes

No

PUWER 98 & LOLER

These regulations place strict requirements on employers to consider the hazards and reduce risks connected with use of work and lifting equipment. They also introduce additional examination requirements that may not be covered under existing examination programmes.

If you would like a copy of our "Solutions for Compliance PUWER 98 & LOLER" booklet, please indicate

Yes

No

Public/Products Liability

1 The standard limit of indemnity is £2 million

Please indicate if an alternative limit is required

£5 million

2 Please state estimated annual turnover for the coming year from

Note

Payments mean total gross remuneration for work done for you including gross wages, salaries and all other earnings and allowances (before deduction)

- | | | | |
|---|---|---|----------------------|
| a | Vehicle sales (including trailers and the like) | £ | <input type="text"/> |
| b | Fuel/oil and sundries | £ | <input type="text"/> |
| c | Work involving heat application away from your premises | £ | <input type="text"/> |
| d | Breakdown and recovery operations | £ | <input type="text"/> |
| e | All other business | £ | <input type="text"/> |
| 3 | If you wish to include Products Financial Loss please state the limit of indemnity required | £ | <input type="text"/> |

4 Do you:

a Design or manufacture any goods? Yes No

b Export any goods? Yes No

If 'Yes' – provide details where to:

c Undertake manual work in foreign countries? Yes No

If 'Yes' – Supplementary information may be requested. Please provide details.

d Import any goods (including grey imports)? Yes No

If 'Yes' – to grey imports, will all such imports have Single Vehicle Approval (SVA)?

Yes No

If 'No' – to SVA, please provide full details:

Employers Liability (Please complete the following questions if you require Employers Liability cover)

5 The standard limit of indemnity is £10 million

Please indicate if a higher limit is required

£

6 Please give estimated total payments to employees including labour only sub-contractors for the next 12 months for:

a Clerical staff, commercial travellers and managerial employees who do not engage in manual labour. £

b Woodworking, power press, guillotine and sheet metal machinery operators and their helpers £

c Breakdown and recovery operations £

d All other manual employees £

7 Total number of employees

Note

Employees include:

Persons under a contract of service or apprenticeship

Self-employed or labour only sub-contractors and persons supplied by them

Persons undergoing work experience

Persons hired or borrowed

Business Interruption (Please complete if you require this cover)

1 The standard indemnity period is 12 months, please indicate if you wish to extend the period to:

18 months 24 months 36 months

2 What is the total Annual Gross Profit of the business (across all locations) £

Gross Profit is defined as the Turnover (adjusted for the difference in values of stock and work in progress held at the beginning and end of the financial year) less Uninsured Working Expenses.

Uninsured Working Expenses are: Purchases, Carriage, freight and packing, Discounts allowed and Bad debts.

WARNING:

The amount of Gross Profit determined using this definition may be different from that shown in the Profit and Loss Accounts of your business

3 The standard limit of indemnity for outstanding debit balances is £25,000, please indicate if you wish to increase this amount £

4 Loss of Liquor Licence Sum Insured £

5 Additional Increased Cost of Working Sum Insured £

Additional Cost of Working

- This insurance is for additional expenditure incurred in order to minimise any interruption or interference with the business following loss or damage to your premises and property insured under Material Damage.
- Choice of Indemnity Period

1 The standard indemnity period is 12 months, please indicate if you wish to extend the period to:

18 months 24 months 36 months

2 What is the total Additional Cost of Working Sum Insured (across all locations) £

Additional Cost of Working is defined as the additional expenditure necessarily and reasonably incurred by you during the Indemnity Period in order to minimise any interruption or interference with the business in consequence of the damage.

On auditors fees cover is limited to the reasonable charges payable by you to professional accountants for producing any particulars or details contained in your books of account or other business books or documents, or other such proofs, information or evidence as may be required by us, and certifying that such particulars or details are in accordance with your books of account or other business books or documents.

Terrorism

Do you want us to quote for Terrorism Cover for Loss of Gross Profit or Additional Cost of Working? Yes No

Conversion / Fidelity Guarantee (Please complete if you require this cover)

Conversion

1 Indicate the Limit of Indemnity required

£10,000 £15,000 £20,000 £25,000 Specify

2 State the estimated turnover during the next 12 months for sales of all vehicles £

3 Are you a subscriber to HPI Ltd or Experian Ltd? Yes No

4 Will all payments for vehicles not taken in part exchange be made by cheque, credit card, CHAPS or BACS? Yes No

5 Do you keep accurate records of all purchase transactions for second hand vehicles? Yes No

Fidelity Guarantee

A Motor Trade Supplementary Proposal Form must be Completed. Cover does not attach until the Supplementary Proposal Form has been accepted by Allianz.

1 Indicate the guarantee limit of indemnity required £5,000 £10,000 Specify

2 State the total number of persons employed persons

Personal Accident (Please complete if you require this cover)

- 1 **Is Personal Accident cover required?** Yes No
- 2 **Category of Insured Person**
- | | Cover required | | Total Number of Staff |
|---|------------------------------|-----------------------------|-----------------------|
| Proprietors, Directors & Partners | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="text"/> |
| Employees | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="text"/> |
| Clerical staff, commercial travellers and managerial employees who do not engage in manual labour | | | <input type="text"/> |
| All other employees | | | <input type="text"/> |
- 3 **Please insert the benefits required**
- | | | |
|-------------------------------------|---------------------|----------------------|
| Proprietors, Directors and Partners | Maximum of 10 units | <input type="text"/> |
| Employees | Maximum of 4 units | <input type="text"/> |
- 4 **In respect of Proprietors, Directors and Partners, is cover required on a 24 hour basis?** Yes No

Commercial Legal Expenses

The cover and handling of claims under this Section are provided by Allianz Legal Protection, part of Allianz Insurance plc.

Please indicate if Commercial Legal Expenses is **not** required

Directors & Officers Liability (Please complete if you require this cover)

- 1 **Is your business registered in the United Kingdom?** Yes No
- 2 **Is your business privately owned and not listed on any stock exchange?** Yes No
- 3 **Have you been in operation for more than 24 months?** Yes No
- If 'No' to questions 1, 2 or 3 above please provide details
-
- 4 **Have you acquired any company in the last year which has total assets greater than 50% of your total assets at the time of acquisition?** Yes No
- 5 **Have you any planned acquisitions in the next 12 months where the company to be acquired has total assets exceeding 50% of your total current assets?** Yes No
- If 'Yes' to questions 4 or 5 above please provide details
-
- 6 **Have you previously been insured for Directors & Officers (D&O) cover and has such cover remained in force until the commencement date for this proposal?** Yes No
- If 'Yes',
- A Please state the policy number and name of the insurer
- B Does this policy have a retro-active date Yes No
- If 'Yes', please supply the retro-active date
- 7 **Have you reported a net loss within the last two financial years?** Yes No

Directors & Officers Liability continued

8 Have you had any claims made against any Director or Officer or your company in the past three years? Yes No

† If 'Yes' to question 7 or 8 above, please provide full details

9 Are you aware of any circumstances or incidents in the past three years that could give rise to a claim being made against a Director or Officer or your company whether or not the circumstance or incident has been notified to a D&O insurer? Yes No

If 'Yes', please provide full details

10 What was your total annual turnover at the last financial year end?

11 Do you have any revenue from or subsidiaries in the USA/Canada? Yes No

If 'Yes', please provide details

12 What Limit of Liability do you require? (min. £100,000/max. £10m)

13 For renewals only: Please state your Allianz Policy Number

14 Company Entity Cover

Unless we advise you otherwise, standard D & O cover will automatically extend to include Entity Cover for the Company. A standard sub-limit of £500,000 or 50% of the Limit of Liability whichever is lower will apply. A standard deductible of £5,000 will apply.

Note that Company Entity Cover automatically excludes Employment Practice Cover

If you do not wish to have Company Entity cover please tick

15 Company Entity Employment Practice Cover

If you have Company Entity Cover it can be extended to include Entity Employment Practice Cover in respect of employees in the United Kingdom.

A standard sub-limit of £50,000 will apply. A standard deductible of £5,000 will apply.

Is Company Entity Employment Practice Cover required? Yes No

If 'Yes', please confirm that

15.1 all your employees are employed in the United Kingdom Yes No

15.2 you do not have more than 75 employees (including part time/seasonal) Yes No

If 'No' please state number of employees

15.3 you have not undertaken any redundancies in the last 12 months Yes No

15.4 you are not considering making any redundancies in the next 12 months Yes No

15.5 your employee turnover has not exceeded 30% in the last 12 months Yes No

15.6 you have a written Human Resources procedures manual in place and it is regularly reviewed/updated Yes No

15.7 you issue a written employee handbook to all employees containing information on your Human Resources policies and procedures Yes No

15.8 your company, its Directors, Officers or employees are not presently subject to any judicial or administrative order, decree judgement or conciliation agreement relating to employment Yes No

15.9 after enquiry, no claim has been made in the past five years, nor are you or any person for whom the proposed insurance is to apply, aware of any circumstances or incident which could give rise to a claim whether or not the circumstance or incident has been notified to an insurer. Yes No

General Questions

1 Have you ever previously been insured in respect of the risks proposed? Yes No

IF 'Yes' – Please provide the name of your last Insurer and policy number(s)

2 Has any insurer ever

a Declined to insure you or to renew any of your insurance policies? Yes No

b Cancelled any of your insurance policies? Yes No

c Avoided any of your insurance policies for non-disclosure or misrepresentation of any material fact? Yes No

d Refused to pay a claim or restricted cover as a result of a breach of any policy term or risk improvement requirements? Yes No

e Imposed special terms, conditions or risk improvement requirements? Yes No

IF 'Yes' to any of a – e above, please provide details

3 Have you or any partner ever been either personally or in any business capacity

a Convicted of or charged (but not yet tried) with any criminal offence other than motor driving offences? NOTE: Convictions spent under the terms of the Rehabilitation of Offenders Act 1974 or any subsequent amendments thereto, should not be disclosed. Yes No

b Declared bankrupt or entered into an Individual Voluntary Arrangement (IVA) or if a company, gone into liquidation, administration, receivership, administrative receivership, or entered into a company voluntary arrangement or creditors scheme of arrangement? Yes No

c A director or partner of a company that went into liquidation, administration, receivership, administrative receivership, or entered into a company voluntary arrangement, or a creditors scheme of arrangement? Yes No

d Prosecuted for a breach of any statute relating to health or safety of employees or others? Yes No

e Served with a Prohibition Notice under the Health and Safety at Work etc Act 1974 and associated regulations? Yes No

f The subject of a recovery action by HM Revenue and Customs? Yes No

g The subject of a County Court Judgement or High Court Judgement? Yes No

h A director of a company that has received a County Court Judgement or High Court Judgement against it? Yes No

IF 'Yes' to any of the above – Please provide details

4 Within the last 10 years have You, or any Director or Partner ever traded under a different name? Yes No

IF 'Yes' to any of the above, please provide details

Loss/Claim Experience

5 Have you sustained any losses or made any claims within the last three years? Yes No

IF 'Yes' please detail any losses or claims incurred by you within the last 3 years. A 3 year authenticated experience will be required from your previous insurer(s).

Important: It is imperative all losses or claims (including losses where you did not make a claim) are detailed, even if subsequently declined by your insurer(s). If insufficient space please attach details on a separate sheet or use the additional information space overleaf.

Year	Details of loss	Cost	
		Paid	Outstanding
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Period of cover required

From to noon on

6 Is there any additional information or detail which may assist us in assessing the nature of the insurance risk being proposed, and which may influence our decision to accept this insurance, or in setting the terms and premium? Examples of such information are:

- any special or unusual facts relating to your insurance risk
- any particular concerns which led to you seeking insurance cover
- anything that would generally be understood to provide a fair description of your insurance risk taking account of the nature of your business and the activity undertaken at your premises or elsewhere

Yes No

IF 'Yes' to any of the above, please provide details

Cover will not commence until we have accepted this proposal or agreed to hold covered

IMPORTANT INFORMATION – YOUR DUTY TO MAKE A FAIR PRESENTATION OF THE RISK

You must make a fair presentation of the risk to us at inception, renewal and variation of your Policy. This means that you must tell us about all facts and circumstances which may be material to the risks covered by your Policy in a clear and accessible manner or give us sufficient information to alert us of the need to make enquiries about such facts or circumstances.

Material facts are those which are likely to influence us in the acceptance of or assessment of the terms or pricing of your Policy. If you are in any doubt as to whether a fact is material, you should tell us about it.

If you fail to make a fair presentation of the risk, we may avoid your Policy (that is treat it as if it had not existed) and refuse to pay any claims where any failure to make a fair presentation is:

- a** deliberate or reckless; or
- b** of such other nature that, if you had told us about a material fact or circumstance, we would not have issued, renewed or varied your Policy.

In all other cases, if you fail to make a fair presentation of the risk, we will not avoid your Policy but we may instead:

- a** reduce proportionately the amount paid or payable on any claim, the proportion for which we are liable being calculated by comparing the premium actually charged as a percentage of the premium which we would have charged had you made a fair presentation (e.g. if we would have charged you double the premium, we will only pay half the amount of any claims under your Policy); and/or
- b** treat your Policy as if it had included such additional terms as we would have imposed had you told us about a material fact or circumstance. Payment of any claim you make will be subject to the application of any such additional terms.

For these reasons it is important that you check all of the facts, statements and information set out in this proposal are complete and accurate. You must also make reasonable enquiries to check with anyone you employ in your business that the facts and statements set out in this form are complete and accurate.

IF ANY OF THE FACTS, STATEMENTS AND INFORMATION SET OUT IN THIS PROPOSAL ARE INCOMPLETE OR INACCURATE, YOU OR YOUR INSURANCE ADVISOR MUST CONTACT US IMMEDIATELY. FAILURE TO DO SO COULD INVALIDATE YOUR POLICY OR LEAD TO A CLAIM NOT BEING PAID OR NOT BEING PAID IN FULL.

Declaration

I/we declare that:

- 1 I/we have read this proposal and understand that I/we are under a duty to make a fair presentation of the risk and that failure to do so could result in my/our Policy being invalidated and/or a claim not being paid or not being paid in full.
- 2 the facts, statements and information contained within this proposal, whether provided by me/us or by others on my/our behalf, are true and complete.
- 3 any facts, statements and information which are not contained within this proposal but which have been provided to Allianz separately by me/us or by others on my/our behalf are true and complete.
- 4 I/we have declared all material facts information and circumstances which may affect the risk being accepted by Allianz under this Policy even if Allianz has not asked me/us any questions about such facts information and circumstances.
- 5 I/we have made all reasonable enquiries of anyone employed by me/us to ensure that all facts, statements and information provided to Allianz are accurate and correct.
- 6 I/We agree to accept Allianz's standard form of policy for this/these class/classes of insurance. A specimen copy of the policy is available on request.
- 7 I/We understand that Insurers share information with each other, credit reference agencies and other information agencies with regard to credit agreements, policies and claims, primarily to help assess risks, handle claims and prevent fraud. I/We consent to this.
- 8 I/We understand that Allianz Insurance plc and/or Allianz Legal Protection reserve the right to decline any proposal.
- 9 I/We have read the Data Protection statement on page 20 of this proposal and consent to data being used for the purposes specified.

Authorised Signature

Date

Position/Title

Print Name

Important

Your Records

You should keep a record (including copies of letters) of all information supplied to Allianz which relates to this proposal. A copy of this proposal will be supplied on request.

Financial Health Check

In order to reach a decision regarding this risk we may be using a credit reference agency and carrying out a financial health check.

Data Protection

Allianz Insurance plc together with other companies within the Allianz SE group of companies ("Allianz Group") may use the personal and business details you have provided or which are supplied by third parties including any details of directors, officers, partners and employees (whose consent you must obtain) to:

- provide you with a quotation, deal with the associated administration of your policy and to handle claims;
- search credit reference, credit scoring and fraud agencies who may keep a record of the search;
- share with other insurance organisations to help offset risks, administer your policy, for statistical analysis, and to handle claims and prevent fraud;
- support the development of our business by including your details in customer surveys, for market research and business reviews which may be carried out by third parties acting on our behalf.

Allianz Group may need to collect and process data relating to individuals who may benefit from the policy ("Insured Persons"), which under the Data Protection Act is defined as sensitive (such as medical history of Insured Persons) for the purpose of evaluating the risk and/or administering claims which may occur. You must ensure that you have explicit verbal or written consent from the Insured Persons to such information being processed by Allianz Group and that this fact is made known to the Insured Persons.

If your policy provides Employers Liability cover information relating to your insurance policy will be provided to the Employers Liability Tracing Office (the "ELTO") and added to an electronic database, (the "Database") in a format set out by the Employer's Liability Insurance: Disclosure by Insurers Instrument 2010.

The Database assists individual consumer claimants who have suffered an employment related injury or disease arising out of their course of employment in the UK whilst working for employers carrying on, or who carried on, business in the UK and as a result are covered by the employers' liability insurance of their employers, (the "Claimants"):

- I. to identify which insurer (or insurers) was (or were) providing employers' liability cover during the relevant periods of employment; and
- II. to identify the relevant employers' liability insurance policies.

The Database and the data stored on it may be accessed and used by the Claimants, their appointed representatives, insurers with potential liability for UK commercial lines employers' liability insurance cover and any other persons or entities permitted by law.

The Database will be managed by the ELTO and further information can be found on the ELTO website www.elto.org.uk

If your policy provides Motor cover, information relating to your insurance policy will be added to the Motor Insurance Database ("MID") managed by the Motor Insurers' Bureau ("MIB"). MID and the data stored on it may be used by certain statutory and/or authorised bodies including the Police, the DVLA, the DVANI, the Insurance Fraud Bureau and other bodies permitted by law for purposes not limited to but including:

- I. Electronic Licensing
- II. Continuous Insurance Enforcement;
- III. Law enforcement (prevention, detection, apprehension and or prosecution of offenders)
- IV. The provision of government services and or other services aimed at reducing the level and incidence of uninsured driving.

If you are involved in a road traffic accident (either in the UK, the EEA or certain other territories), insurers and or the MIB may search the MID to obtain relevant information. Persons (including his or her appointed representatives) pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID. It is vital that the MID holds your correct registration number. If it is incorrectly shown on the MID you are at risk of having your vehicle seized by the Police. You can check that your correct registration number details are shown on the MID at www.askmid.com

Telephone calls may be recorded for our mutual protection, training and monitoring purposes.

Under the Data Protection Act 1998 individuals are entitled to request a copy of all the personal information Allianz Insurance plc holds about them. Please contact the Customer Satisfaction Manager, Allianz Insurance plc, 57 Ladymead, Guildford, Surrey, GU1 1DB.

Personal details may be transferred to countries outside the EEA. They will at all times be held securely and handled with the utmost care in accordance with all principles of English law.

By applying for and/or entering into this insurance policy you will be deemed to specifically consent to the use of your data and your insurance policy data in this way and for these purposes and that your directors, officers, partners, and employees have consented to our using their details in this way.

www.allianz.co.uk

Allianz Insurance plc. Registered in England number 84638.
Registered office: 57 Ladymead, Guildford, Surrey, GU1 1DB, United Kingdom.
Allianz Insurance plc is a member of the Association of British Insurers.
Allianz Insurance plc is authorised by the Prudential Regulation Authority
and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.
Financial Services Register number 121849.



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