

# FIDELITY GUARANTEE INSURANCE PROPOSAL

## PROPOSAL FORM

Please use **BLOCK LETTERS** and tick boxes where appropriate

### CLIENT DETAILS

Cover does not attach until this proposal has been accepted by Allianz Insurance plc. Please supply the following details. If you do not have enough room please use a separate piece of paper.

Full Name of Employer			
Company Registration No. (if applicable)			
Address			Postcode
Telephone No.		Year Established	
Full Business Description/Activities			
Names and Activities of all Subsidiary Companies to be included			

Please answer all of the following questions.

**Important:** This form should only be completed and signed by a senior executive, official, director or partner authorised to sign on behalf of the Proposer.

**1** State the total number of employees and estimated wagheroll for the financial year most concurrent with the period of insurance in the following categories:

- a** Managers, Directors and Executives
- b** Travellers, Collectors and Salesmen
- c** Drivers
- d** Other employees having responsibility (directly or indirectly) for money, securities, stock or accounts
- e** All other employees

No. of Employees	Estimated Wageroll
	£
	£
	£
	£
	£

**CLIENT DETAILS (CONTINUED)**

**Please answer all of the following questions.**

**Important:** This form should only be completed and signed by a senior executive, official, director or partner authorised to sign on behalf of the Proposer.

	<b>Estimated Wageroll</b>
<b>2</b> State estimated annual turnover	£ <input style="width: 150px; height: 20px;" type="text"/>
<b>3</b> What is the total number of premises occupied by your employees?	<input style="width: 150px; height: 20px;" type="text"/>
<b>4</b> Have you previously applied for, or are you currently applying for Fidelity Guarantee (Theft By Employee) insurance from another insurer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', has any insurer refused terms or applied special conditions or restrictions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurer/Details <input style="width: 350px; height: 20px;" type="text"/>	Date Application made <input style="width: 100px; height: 20px;" type="text"/>

**GENERAL**

**1** Have any claims previously occurred or has there been occasion to doubt the honesty of any employee? Yes  No   
 If 'Yes', please provide date(s), circumstances, amount involved, how it was discovered and steps taken to prevent a recurrence

**2** Do you have a documented policy on Security within your organisation? Yes  No

**a** Does it comply with BS7799 or ISO 27001:2005? Yes  No

**b** Does it include computer security? Yes  No

**c** Has a director or senior member of staff been given responsibility to enforce and review this? Yes  No

**d** Are all staff made aware of it? Yes  No

**e** Are all employees made aware of the person to whom they should report the discovery of a possible loss or activities which may lead to a loss? Yes  No

**f** Please enclose a copy with this proposal form – enclosed Yes  No

**3** Do any employees to be insured reside or work outside Great Britain, Northern Ireland, the Channel Islands and the Isle of Man? Yes  No   
 If 'Yes', please provide full details

**4** Are all employees to be covered who have responsibility for stock control, wage or accounting functions required to take 14 consecutive days holiday per annum? Yes  No



**GENERAL (CONTINUED)**

<b>5 a</b>	Do professional auditors audit your accounts at least once every 12 months?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>b</b>	Do they audit all locations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>c</b>	Name and address of your auditors	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<input type="text"/>					
<b>d</b>	Do you have an internal audit team? (If 'Yes', you now need to complete Appendix 1 – Internal Audit)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>6</b>	Do you always obtain satisfactory written references direct from former employers covering the three years immediately preceding the engagement of any employees responsible for money, goods, accounts, computer operations or computer programming?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>7</b>	Has any insurer ever				
<b>a</b>	declined to insure you or to renew any of your insurance policies	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>b</b>	cancelled any of your insurance policies	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>c</b>	avoided any of your insurance policies for non-disclosure or misrepresentation of any material fact	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>d</b>	refused to pay a claim or restricted cover as a result of a breach or any policy term or condition, or risk improvement requirements	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>e</b>	imposed special terms or conditions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If 'Yes' to any of the above, please provide full details				
<input type="text"/>					
<b>8</b>	Within the last 10 years have you or any director or partner traded under a different name?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If 'Yes', please provide full details				
<input type="text"/>					
<b>9</b>	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?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Examples of such information are:				
<b>a</b>	any special or unusual facts relating to your insurance risk	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>b</b>	any particular concerns which led to you seeking insurance cover	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>c</b>	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	<input type="checkbox"/>	No	<input type="checkbox"/>
	If 'Yes', please provide full details				
<input type="text"/>					

**GENERAL (CONTINUED)**

- 10** Have you or any partner, director, or any other person responsible for managing the business, either personally or in any business capacity:
- a** ever been convicted of or charged (but not yet tried) with any criminal offence other than road traffic offences?  
Yes  No
  - b** received an official caution for a criminal offence within the last three years other than a (road traffic) motoring offence?  
Yes  No
  - c** ever been declared bankrupt or entered into an individual voluntary arrangement, 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
  - d** ever been 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 or was dissolved?  
Yes  No
  - e** ever been prosecuted for a breach of any statute relating to health or safety of employees or others?  
Yes  No
  - f** ever been served with a Prohibition Notice under the Health and Safety at Work etc. Act 1974 and associated regulations?  
Yes  No
  - g** ever been prosecuted for failure to comply with any environmental protection legislation?  
Yes  No
  - h** ever been the subject of a recovery action by HM Revenue and Customs?  
Yes  No
  - i** ever been the subject of a County Court or High Court judgment?=  
Yes  No
  - j** cancelled any of your insurance policies  
Yes  No
  - k** cancelled any of your insurance policies  
Yes  No

If 'Yes' to any of the above, please provide full details

**IMPORTANT NOTES:**

- 1** Where the employer is unable to comply with the reference requirements for any employee Allianz Insurance plc must be advised.
- 2** References are to be retained for the duration of an employee's service with the employer plus two years thereafter. These may be requested by Allianz Insurance plc in the event of a claim.

**COVER OPTIONS (see prospectus for details)**

Please complete:

**Section A for a Blanket Policy** Covers all employees

or

**Section B for a Specified Names or Positions Policy.** Covers specified employees or specified positions within the company.

**A Blanket Policy**

State amount of Guarantee required:

**a** Any one loss

£

**b** In aggregate during any one period of insurance

£

**B Specified Policy** (A limit any one loss will apply to all employees selected for cover)

Please complete **i** or **ii**

**i** Specified Employees

Name of Employee	Position of Employee	Length of Service	Limit any one loss
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£

**ii** Category of Employee

Name of Employee	Position of Employee	Length of Service	Limit any one loss
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£

Please state aggregate required during any one period of insurance if different from the any one loss limit noted in either i or ii above

£

**For A or B**

Is a voluntary excess required?

Yes

No

If Yes, please state amount

£

## SYSTEM OF CHECK

### IMPORTANT NOTE:

The terms of this insurance require that the System of Check in this proposal and any other precautions declared or required by us must remain fully operative during the currency of the policy.

<b>1</b>	Have you appointed a competent person to exercise control over Accounts and cash	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Please confirm what qualifications they have and how long they have been in control of those areas?		
<b>2 a</b>	Are employees receiving monies required to bank daily?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>b</b>	Are employees required to account for monies received at least:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>i</b>	weekly if Travellers/Collectors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>ii</b>	monthly – all other employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>iii</b>	signed by employees independently of those who prepare cheques or authorise cheques?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>b</b>	When cheques are being signed does each signatory examine supporting documents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>c</b>	Do all cheques drawn for more than £10,000 require two signatories?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>4</b>	Are bank statements, receipt counterfoils and supporting documents checked at least monthly against the cash book entries and the balance tested with cash and unpresented cheques, independently of the employees making cash book entries or paying into the bank?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>5 a</b>	Are all cheques	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>i</b>	prepared independently of employees who authorise cheques and signatories?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>ii</b>	authorised by employees independently of those who prepare or sign cheques?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>iii</b>	signed by employees independently of those who prepare cheques or authorise cheques?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>b</b>	When cheques are being signed does each signatory examine supporting documents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>c</b>	Do all cheques drawn for more than £10,000 require two signatories?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>6</b>	Are statements of account sent to customers direct by post independently of employees in a position to receive payment of an account at least monthly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>7</b>	Will all wages and salaries be checked against wage lists and wage figures independently of persons who prepare the wages?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**SYSTEM OF CHECK (CONTINUED)**

**8** Do you allow employees to handle monies or goods other than in the normal course of your Business (e.g. holiday club money) and are these to be covered by the Policy? Yes  No

If 'Yes', please provide particulars indicating what steps are taken to ensure that they are properly accounted for.

**9 a** Does any employee have

**i** the power to operate your Bank Account? Yes  No

If 'Yes', what is the maximum authorised transaction amount on the sole authority of one employee? £

**iii** direct control over your or your clients investments, securities or stocks? Yes  No

**b** Do you operate an Electronic Funds Transfer system? Yes  No

(If 'Yes', you now need to complete Appendix 2 – Funds Transfer)

**c** Are clients monies held in separate accounts from that of the business accounts? Yes  No

**10 a** Will all stock including completed goods and returned goods be physically checked independently of the employees normally responsible for it, at least six monthly, with any discrepancies investigated? Yes  No

**b** Do you additionally carry out "spot check" audits without warning? Yes  No

If so how often?

**11** Do you hold stocks of high value materials or goods? (e.g. non-ferrous or precious metals, exercise stocks) Yes  No

If 'Yes', please indicate

**1** Nature of goods

**2** Maximum value £

**3** Special security precautions taken against theft by employees

## SYSTEM OF CHECK (CONTINUED)

**12** Are different employees acting independently responsible for:

- a** ordering goods?
- b** recording receipt of goods?
- c** authorising payment for goods?

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

**13** Is the appointment of suppliers carried out through the use of a formal tendering procedure?

If 'No', please provide details

## COMPUTER SECURITY

**1** Are any Wage, Accounts or Stock Control functions computerised?

Note: If 'No', please move on to the next page.

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

**2 a** Is physical access to rooms containing computer terminals restricted to authorised staff?

**a** ordering goods?

**b** Is computer media (discs, tapes, etc.) securely stored in locked cabinets when not in use by authorised staff?

**c** Can your systems be accessed from terminals outside your premises?

**3** Has your computer security been vetted by a professional computer company or computer security personnel of your auditor?

**4** Did they make any recommendations?

If 'Yes', have they been fully complied with?

**5 a** Do employees with access to the computer system need a secure, individual password to access the system?

**b** Are users forced by the system to change passwords upon expiry, at least once every six months?

**c** Is password access deleted or invalidated immediately an employee leaves your employment?

**d** Is computer data backed up daily and stored securely off site?

**6** Do you employ your own computer personnel?



**COMPUTER SECURITY (CONTINUED)**

**7 a** Do you use any computer programs that have been written or obtained from anyone other than third party specialist computer companies?

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

If 'Yes', please specify

**8** Can your computer staff access or interfere with your wage, accounts or stock control records?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**9** Are you aware of any wrongful interference by employees or otherwise with your computer systems?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If 'Yes', would the interference have resulted in a loss if undetected?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please provide details

**10** Do you have a "computer trail" audit? (i.e. Do you audit access to your system to ensure users are only accessing those areas of the system they are authorised to and that all access is by authorised users only)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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# 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 your Commercial Select Proposal Form or in any other

information provided 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 your Commercial Select Proposal Form or in any other information provided are complete and accurate and that there are no other material facts which you need to disclose.

**If any of the facts, statements and information set out in your commercial select proposal form, risk presentation or any additional information provided are incomplete or inaccurate, you or your insurance adviser 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 the 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 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.
- 5 I/We have made all reasonable enquiries of any 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 Allianz Insurance plc and/or Allianz Legal Protection reserve the right to decline any proposal.

- 8 I/We have read the Fair Processing Notice and the Consent for Special Categories of Personal Data contained within this proposal and consent to data being used for the purposes specified.

**Authorised Signature**

**Date**

**Position/Title**

**Print Name**

# FAIR PROCESSING NOTICE – HOW WE USE PERSONAL INFORMATION

## 1 WHO WE ARE

When **we** refer to “**we**”, “**us**” and “**our**” in this notice it means Allianz Insurance plc or Allianz Engineering Inspection Services Limited.

When **we** say, “**individuals**” in this notice, **we** mean anyone whose personal information **we** may collect, including:

- anyone seeking an insurance quote from **us** or whose details are provided during the quotation process
- policyholders and anyone named on or covered by the policy
- anyone who may benefit from or be directly involved in the policy or a claim, including claimants and witnesses.

## 2 HOW WE USE PERSONAL INFORMATION

**We** use personal information in the following ways:

- to provide quotes, administer policies and policyholder claims to fulfil **our** contract
- to administer third party claims and prevent financial crime to meet **our** legal obligations
- to manage **our** business and conduct market research to meet the legitimate needs of **our** business
- to send marketing information about **our** products and services if **we** have received specific consent.

There is no obligation to provide **us** with personal information, but **we** cannot provide **our** products and services without it.

**Anyone whose personal information we hold has the right to object to us using it.**

**They can do this at any time by telling us and we will consider the request and either stop using their personal information or explain why we are not able to.**

**Further details can be found below.**

## 3 AUTOMATED DECISION MAKING, INCLUDING PROFILING

**We** may use automated decision making, including profiling, to assess insurance risks and administer policies. This helps **us** decide whether to offer insurance, determine prices and validate claims.

Anyone subject to an automated decision has the right to object to it. To do so they should contact **us** by emailing **us** at [accsm@allianz.co.uk](mailto:accsm@allianz.co.uk) and **we** will review the decision.

## 4 THE PERSONAL INFORMATION WE COLLECT

**We** collect the following types of personal information so **we** can complete the activities in section 2, “How **we** use personal information”:

- basic personal details such as name, age, address and gender
- family, lifestyle and social circumstances, such as marital status, dependants and employment type
- financial details such as direct debit or payment card information
- photographs and/or video to help **us** manage policies and assess claims
- tracking and location information if it is relevant to the insurance policy or claim
- identification checks and background insurance risk details including previous claims information
- medical information if it is relevant to the insurance policy or claim
- criminal convictions if it is relevant to the insurance policy or claim
- accessibility details if **we** need to make reasonable adjustments to help
- business activities such as goods and services offered.

## 5 WHERE WE COLLECT PERSONAL INFORMATION

Direct from **individuals**, their representatives or information they have made public, for example, on social media.

From other persons or organisations, for example:

- credit reference and/or fraud prevention agencies
- emergency services, law enforcement agencies, medical and legal practices
- insurance industry registers and databases used to detect and prevent insurance fraud, for example, the Motor Insurance Database (MID), the Motor Insurers Anti-Fraud and Theft Register (MIAFTR) and the Claims and Underwriting Exchange (CUE)
- insurance investigators and claims service providers
- other insurers or service providers who underwrite the insurance or provide the services for **our** products
- other involved parties, for example, claimants or witnesses.

# FAIR PROCESSING NOTICE – HOW WE USE PERSONAL INFORMATION CONTINUED

## 6 SHARING PERSONAL INFORMATION

**We** may share personal information with:

- other companies within the global Allianz Group [www.allianz.com](http://www.allianz.com)
- credit reference, fraud prevention and other agencies that carry out certain activities on **our** behalf, for example, the Motor Insurance Database (MID), the Insurance Fraud Bureau (IFB) and marketing agencies if agreed
- **our** approved suppliers to help deal with claims or provide **our** benefit services, for example, vehicle repairers, legal advisors and loss adjusters
- other insurers, third party underwriters, reinsurers, insurance intermediaries, regulators, law enforcement and the Financial Ombudsman Service (FOS); and other companies that provide services to **us** or you, for example, the Employers Liability Tracing Office (ELTO) and the Claims and Underwriting Exchange (CUE)
- prospective buyers in the event that **we** wish to sell all or part of **our** business.

## 7 TRANSFERRING PERSONAL INFORMATION OUTSIDE THE UK

**We** use servers located in the European Union (EU) to store personal information where it is protected by laws equivalent to those in the UK. **We** may transfer personal information to other members of the global Allianz Group to manage the insurance policy or claim; this could be inside or outside the EU. **We** have Binding Corporate Rules (BCR's) which are **our** commitment to the same high level of protection for personal information regardless of where it is processed. These rules align with those required by the European Information Protection authorities. For more information about BCR's, contact **our** Data Protection Officer.

Some of **our** suppliers have servers outside the EU. **Our** contracts with these suppliers require them to provide equivalent levels of protection for personal information.

## 8 HOW LONG WE KEEP PERSONAL INFORMATION

**We** keep information only for as long as **we** need it to administer the policy, manage **our** business or as required by law or contract.

## 9 KNOW YOUR RIGHTS

Any **individual** whose personal information **we** hold has the right to:

- object to **us** processing it. **We** will either agree to stop processing or explain why **we** are unable to (the right to object)
- ask for a copy of their personal information **we** hold, subject to certain exemptions (a data subject access request)
- ask **us** to update or correct their personal information to ensure its accuracy (the right of rectification)
- ask **us** to delete their personal information from **our** records if it is no longer needed for the original purpose (the right to be forgotten)
- ask **us** to restrict the processing of their personal information in certain circumstances (the right of restriction)
- ask for a copy of their personal information, so it can be used for their own purposes (the right to data portability)
- complain if they feel their personal information has been mishandled. **We** encourage **individuals** to come to **us** in the first instance but they are entitled to complain directly to the Information Commissioner's Office (ICO) [www.ico.org.uk](http://www.ico.org.uk)
- ask **us**, at any time, to stop processing their personal information, if the processing is based only on **individual** consent (the right to withdraw consent).

**If you wish to exercise any of these rights please contact our Customer Satisfaction Manager:**

Address: Customer Satisfaction Manager, Allianz,  
57 Ladymead, Guildford, Surrey, GU1 1DB

Email: [accsm@allianz.co.uk](mailto:accsm@allianz.co.uk)

Phone: 01483 552438

## 10 ALLIANZ (UK) GROUP DATA PROTECTION OFFICER CONTACT DETAILS

Allianz Insurance plc and Allianz Engineering Inspection Services Limited are companies within the Allianz Holdings.

Any queries about how **we** use personal information should be addressed to **our** Data Protection Officer:

Address: Data Protection Officer, Allianz,  
57 Ladymead, Guildford, Surrey GU1 1DB

Email: [dataprotectionofficer@allianz.co.uk](mailto:dataprotectionofficer@allianz.co.uk)

Phone: 0330 102 1837

# FAIR PROCESSING NOTICE – HOW WE USE PERSONAL INFORMATION CONTINUED

## CHANGES TO OUR FAIR PROCESSING NOTICE

Occasionally it may be necessary to make changes to this fair processing notice. When that happens **we** will provide an updated version at the earliest opportunity. The most recent version will always be available on **our** website

[www.allianz.co.uk](http://www.allianz.co.uk)

## CONSENT FOR SPECIAL CATEGORIES OF PERSONAL DATA

The global Allianz Group may need to collect and process data relating to **individuals** who may benefit from the policy (“Insured Persons”), which falls within the special categories of personal data under Data Protection Legislation, for example, medical history or convictions 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 the global Allianz Group and that this fact is made known to the Insured Persons.

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

## EMPLOYERS LIABILITY TRACING OFFICE

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](http://www.elto.org.uk)

**APPENDIX 1 – INTERNAL AUDIT**

Where there is an internal audit department:

- a** How many people are employed in the internal audit department?
  - b** How often are full internal audits made?
  - c** Are surprise audits regularly conducted? Yes  No
  - d** Are all premises audited? Yes  No
  - e** What is the maximum length of time between audits for an area or location of the business?
  - f** Is there an "audit and control" procedures manual? Yes  No
  - g** Are internal controls reviewed by external auditors? Yes  No
- If 'Yes', are any recommendations brought to the attention of management and complied with? Yes  No

**APPENDIX 2 – FUNDS TRANSFER**

Please answer the following (but only if directed to by instructions within the main proposal form):

- 1** Estimated annual value of funds transferred: £  Maximum amount £   
 How many fund transfers take place on average per month?
- 2 a** Are computers used to handle fund transfers? Yes  No
- b** If no, what methods are used?
- If 'Yes', to **a** please attach a copy of the procedures followed – attached Yes  No
- 3** Do you use a Cash Management System? Yes  No

If 'Yes', please answer the following questions

- a** Name of Service Bank and system

**3** Do you use a Cash Management System? continued

**b** Do you comply with all terms and conditions contained in the agreement with the Service Bank?

Yes  No

**c** Is the system used for:

**i** Balance reporting?

Yes  No

**ii** Funds transfer instructions to own party accounts?

Yes  No

**iii** Funds transfer instructions to third party accounts?

Yes  No

**iv** Other? If 'Yes', please specify below

**d** Does the system impose limits on the amounts/values of instructions?

Yes  No

If 'Yes', please describe

**e** Within your organisation are there written procedures regarding the control and usage of the system?

Yes  No

**f** Are cash management system transaction statements received from the Service Bank verified by the end of the next business day following receipt?

Yes  No

If 'No', when are they verified?

**4** With regard to funds transfer (whether through a Cash Management System or not) please provide the following: Yes  No

**a** In respect of funds transfer applications do you input instructions in:

**i** Fixed/pre-format? Yes  No

If 'Yes', describe procedures for setting up and amending authorities

**ii** Free-format? Yes  No

**b** Do the bank acknowledge transfers? Yes  No

If 'Yes', describe by what means

**c** Who approves transfers

and is dual authorisation required? Yes  No

If 'Yes', for over what amount?

**d** Are the details of such transactions entered by someone who is not permitted to authorise transfers? Yes  No

**e** How many persons are required to release an electronic funds transfer instruction?

**f** Do the terminals used feature a lock-out mechanism that denies access after a certain number of failed access attempts and logs the incident on an audit or supervisory report? Yes  No

**g** Are all transactions audited? Yes  No

If 'Yes', by whom and how often?