Thank you for choosing Allianz Insurance plc. We are one of the largest general insurers in the UK and part of the Allianz Group, one of the world’s foremost financial services providers.

With Allianz Insurance plc, you can be confident that you’re insured by a company which is relentless in its commitment to protecting and serving you. You can trust us to insure your business, as we’ve been providing leading insurance solutions in the UK for over 100 years.

We work in partnership with your insurance adviser to ensure you receive the highest levels of product and service excellence. Our technical experts understand how best to protect you against the risks your business faces.

If you need to make a claim you will be in safe hands. Our professionally trained staff aim to treat you, as you would expect, both promptly and fairly. By listening to you, and understanding your needs we will provide you with the most appropriate solutions to get your business trading again as quickly as possible.

Should you need further details or have any questions your insurance adviser will be delighted to help.
Insurance Brokers – Professional Indemnity Insurance Proposal Form

Important Notes

Please read before completing this form:

a) If you are unsure whether this proposal is suitable for your business or require assistance in its completion, please seek advice from your insurance adviser.

b) A principal, partner director or member of the business must complete the proposal and make all the necessary enquiries of their fellow partners, directors, members and employees.

c) Whenever we ask questions in this proposal about you or your business we mean the principal, partners, directors, members or employees or any former principal, partners, directors, members or employees of any business or firm for which cover is required under this insurance. You should include details of any predecessor businesses where cover is required.

d) Wherever we refer to partners, we include where applicable, members of the business (individuals forming a Limited Liability Partnership (LLP) are known as members).

e) Please provide a copy of
   – any brochures, handouts and any other technical or marketing material in which you describe your professional services
   – your terms of business contracts

f) Cover is provided on a “claims made” basis:
   – the insurance covers claims first made against you, and/or circumstances that may lead to a claim, notified to us during the period of insurance
   – claims or circumstances which might give rise to a claim must be notified to us in writing as soon as possible and during the period of insurance

Next Steps

– please answer every question fully. If you do not have enough space attach separate sheets with information which can be incorporated into your proposal
– please complete in ink using BLOCK CAPITALS, and tick boxes as appropriate
– answer the General Questions on pages 2-7
– sign and date the Declaration on page 8 and state your authority to sign e.g. Principal, Director, Partner
1 GENERAL INFORMATION

a. Name of Insured

b. Address of Principal Office

c. Postal Address

d. Date of establishment

e. Website address

f. Please list all additional business entities (whether or not currently trading, including year of establishment and year of cessation if applicable)

  
  
  


g. Please list addresses of all other offices currently trading

  
  
  


h. Is/are the firm(s) or any principal, partner or director a member of a consortium, joint venture, single project partnership or group practice?

  YES  NO

  If ‘YES’, please supply details:

  
  


i. Does the firm(s) or any principal, partner or director carry out any work on behalf of any other business in which they have a controlling or financial interest (other than as a shareholder in a public quoted company)?

  YES  NO

  If ‘YES’, please supply details:

  
  


j. Is the firm(s) a registered Lloyd’s Broker?

  YES  NO
2  STAFF AND PARTNERS

a  Please give details of Principals, Partners or Directors:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Relevant Qualifications</th>
<th>Year became Partner/Director</th>
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</thead>
<tbody>
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</table>

b  Please give details of number of permanent staff in current business:

<table>
<thead>
<tr>
<th>Full Time</th>
<th>Part Time</th>
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</thead>
<tbody>
<tr>
<td>Principals/Partners/Directors</td>
<td></td>
</tr>
<tr>
<td>Administrative</td>
<td></td>
</tr>
<tr>
<td>Self Employed Consultants</td>
<td></td>
</tr>
<tr>
<td>All Others</td>
<td></td>
</tr>
</tbody>
</table>

If any income is derived from any office domiciled overseas for which coverage is required, please complete the income breakdown in the Tax Form at the back of the proposal form.

c  Does the firm(s) have any Appointed Representative(s) or Appointed Representative Introducers working for the firm(s)?

If 'YES',

i  How many active Appointed Representatives do you have?

ii  What is the Gross Annual Commission received by the firm(s) in respect of business introduced by Appointed Representatives?

  £

iii  Does the firm(s) ensure that every Appointed Representative has Professional Liability Insurance?  YES  NO

iv  Please confirm that the firm(s) ensure that:

  It is satisfied that all Appointed Representatives and Appointed Representative Introducers have the necessary expertise to deal with the insurance in question?  YES  NO

  It is satisfied that all Appointed Representatives and/or Appointed Representative Introducers have sufficient management control and financial stability?  YES  NO

  All Appointed Representatives are audited annually?  YES  NO

3  ACTIVITIES

a  Please state your total gross income for the last 5 financial years plus an estimate for the forthcoming financial year. If you have been trading for less than 12 months please provide an estimate of your total gross income for the first 12 months.

<table>
<thead>
<tr>
<th>Year Ending</th>
<th>UK</th>
<th>USA/Canada</th>
<th>Elsewhere</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
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</table>

Estimate for forthcoming year

<table>
<thead>
<tr>
<th>Year Ending</th>
<th>UK</th>
<th>USA/Canada</th>
<th>Elsewhere</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
3 ACTIVITIES continued

b Please give the percentage split of your Gross Brokerage / Fee income received in the last complete financial year:

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Lines (including motor)</td>
<td></td>
</tr>
<tr>
<td>Commercial Lines Ex-motor</td>
<td></td>
</tr>
<tr>
<td>Commercial Lines Ex-motor via Binders</td>
<td></td>
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<tr>
<td>Commercial Motor</td>
<td></td>
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<tr>
<td>Aviation (Small Craft)</td>
<td></td>
</tr>
<tr>
<td>Aviation (Other)</td>
<td></td>
</tr>
<tr>
<td>Marine (Small Craft/Cargo)</td>
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<tr>
<td>Marine (Other)</td>
<td></td>
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<tr>
<td>Reinsurance</td>
<td></td>
</tr>
<tr>
<td>Pensions/Endowments/Mortgages</td>
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<tr>
<td>Other Investments (SCARP’s, Split Cap’s etc)</td>
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</tr>
<tr>
<td>PHI/Medical</td>
<td></td>
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<tr>
<td>Unit Trusts</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

Please supply details of “Other” work:


d Does the firm(s) place more than 30% of the Gross Brokerage / Fee income declared for the last complete financial year with one insurer?

YES ☐ NO ☐

If 'YES', please supply details:


e In respect of material damage and business interruption combined exposure, please provide details of the three largest sums insured placed by the firm(s):

<table>
<thead>
<tr>
<th>Client</th>
<th>Risk</th>
<th>Sum Insured</th>
</tr>
</thead>
<tbody>
<tr>
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<td>£</td>
</tr>
</tbody>
</table>
f) In respect of public, products and professional liability risks, please provide details of the three largest sums insured placed by the firm(s):

<table>
<thead>
<tr>
<th>Client</th>
<th>Risk</th>
<th>Sum Insured</th>
</tr>
</thead>
<tbody>
<tr>
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<td>£</td>
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</tbody>
</table>

g) Do you envisage any material change in your activities in the forthcoming 12 months?

If ‘YES’, please supply details:

4 RISK MANAGEMENT

a) In respect of quotations and renewal terms does the firm(s) always confirm in writing to the client:

i) The name of the recommended Insurer(s)  
   YES  NO

ii) The security of the Insurer(s)  
    YES  NO

iii) The details of cover including limits & endorsements  
     YES  NO

iv) The period of insurance including the date from which cover incepts  
    YES  NO

v) The premium and applicable taxes  
    YES  NO

vi) The period for which the quotation is open for  
     YES  NO

vii) Confirmation of binding cover  
     YES  NO

viii) The length of any extension to the period of insurance and any special terms imposed by such an extension  
      YES  NO

b) Does the firm(s) operate a diary system with manual back-up?  
   YES  NO

5 BINDING AUTHORITIES

a) Does the Policyholder operate any binding authority arrangement whereby an Insurer has granted the Policyholder authority to set rates, terms and/or conditions and/or handle claims without referral?  
   YES  NO

If ‘YES’, please complete the following:

<table>
<thead>
<tr>
<th>Nature of Binding Authority</th>
<th>Class of Business</th>
<th>Insurer</th>
<th>Maximum Limits/ Sums Insured</th>
<th>Total Commission Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Non-discretionary with no deviation from the Binding Authority in respect of the type of risks, rates, period of insurance or policy wording, as specified in the Binding Authority</td>
<td></td>
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<tr>
<td>ii) Non-discretionary with no deviation from the Binding Authority in respect of the type of risk, period of insurance or policy wording, but with a limited amount of deviation to the extent of specified discounts or loadings</td>
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<tr>
<td>iii) Non-discretionary with no deviation from the Binding Authority in respect of the type of risk and wording applicable but with deviation permissible in respect of the period of insurance or non-specified discounts or loadings</td>
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</tbody>
</table>
5 BINDING AUTHORITIES continued

<table>
<thead>
<tr>
<th>Nature of Binding Authority</th>
<th>Class of Business</th>
<th>Insurer</th>
<th>Maximum Limits/ Sums Insured</th>
<th>Total Commission Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>iv Discretionary Binding Authority with no limits in respect of the type of risks, rating, wording or period of insurance</td>
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<tr>
<td>v Claims Handling Authority (please state max level of settlement authority)</td>
<td></td>
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</table>

b Are all the Binding Authorities in written form? YES NO

c Do all the Binding Authorities have a specific renewal date? YES NO

d Do all the Binding Authorities specify those persons who have authority to bind risks under the Authority? YES NO

  If 'NO', do you restrict those persons who can bind risks under the Binding Authority to senior staff with a minimum of five years insurance experience? YES NO

e Does the firm(s) delegate the Authority to any other party? YES NO

6 CLAIMS INFORMATION

a Has the firm(s) sustained any loss through the fraud or dishonesty of any person? YES NO

  If 'YES', please supply details:

b Is the firm(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present partner, director or principal or employee? YES NO

  If 'YES', please supply details:

c After enquiry, have any Professional Indemnity claims ever been made against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partners, directors or principals, either individually or otherwise for any negligence, errors, omission, breach of professional duty or the like, whether successful or not? YES NO

  If 'YES', please supply details:

<table>
<thead>
<tr>
<th>Date of Claim</th>
<th>Claimant</th>
<th>Details of Claim including any payments made or reserves held</th>
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</tbody>
</table>
d. After enquiry, are any of the partners, directors or principals aware of any pending claims and/or circumstances existing which may give rise to a Professional Indemnity claim against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partners/directors/principal?  

If 'YES', please supply details:

<table>
<thead>
<tr>
<th>Date of Circumstance</th>
<th>Claimant</th>
<th>Details of Circumstance</th>
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7 PREVIOUS INSURANCE

a. Has the firm(s) previously been insured for Professional Indemnity insurance?  

If 'YES', please supply details:

<table>
<thead>
<tr>
<th>Renewal Date</th>
<th>Limit of Liability</th>
<th>Premium</th>
<th>Retention (Excess)</th>
<th>Insurer</th>
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Retroactive Date: / /  
Number of years cover has been continually in force:  

b. In respect of Professional Indemnity insurance, has any Insurer ever declined a proposal, declined to pay a claim, refused renewal, cancelled such insurance or imposed special conditions?  

If 'YES', please supply details:

8 LIMIT OF LIABILITY AND RETENTION (EXCESS) REQUIRED

Please select the Limit of Liability and Retention (Excess) you require:

a. Limit of Liability

| £100,000 | £250,000 | £500,000 | £1,000,000 | £2,000,000 | £4,000,000 | £5,000,000 | Other £ |

b. Retention (Excess)

| £500 | £1,000 | £2,500 | £5,000 | £7,500 | £10,000 | Other £ |

c. When do you want your insurance to start? (the policy is annually renewable)

/ /
Declaration

1. I/We declare that to the best of my/our knowledge and belief:
   A. the above statements and particulars, whether written by me/us or by others on my/our behalf, are true and complete;
   B. any statement or particulars which have been given separately by me/us or by others on my/our behalf are true and complete; and
   C. I/We have not withheld any material fact.*

2. I/We wish to modify the above statements in the following respects:

3. I/We agree that this proposal and declaration and any particulars given separately shall be the basis of the contract between the Insurer and myself/ourselves.

4. I/We agree to accept the Insurer’s standard form of policy for this type of insurance.

5. I/We understand that the Insurer reserves the right to decline any proposal.

6. 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 in company: __________________________

Important:
*Material facts are those facts which are likely to influence the Insurer in the acceptance or assessment of this proposal and it is essential that you disclose them. If you are in doubt about whether a fact is material, you should disclose it, since failure to do so could invalidate your policy.

Your Records
You should keep a record (including copies of letters) of all information you supply to the Insurer about this proposal.

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 accsrm@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.

6. Sharing personal information

We may share personal information with:

- other companies within the global Allianz Group 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 Tracking 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
- 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
Phone: 01483 552438
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: dataprotectionofficier@allianz.co.uk
Phone: 0330 102 1837

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

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.
**TAX FORM**

The regulations with respect to the payment of premium tax within the European Union have changed over recent years, in particular following the "Kvaerner" European High Court Judgement in June 2001. Where it was previously the responsibility of the Insured to settle their overseas' premium tax liabilities locally with the relevant tax authorities, insurers are now increasingly being made strictly responsible for the collection of these tax amounts, along with the premium, and making the relevant payments on to those tax authorities. This is, of course the same way the UK premium tax arrangements have always operated.

For every country (including outside the EU, as other countries are now adopting similar regulations) where you have a domiciled office, you have a potential liability for insurance tax payable to the local authority. Accordingly, in order for insurers to evaluate your tax liabilities and collect the correct amount for payment to the relevant tax authorities in overseas jurisdiction (as well as in the UK), can you please provide a breakdown of your income for the last complete financial year arising from all domestic and overseas activities below. If income is derived from the United States of America or Australia, please specify the state in which the office is domiciled.

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<th>Country</th>
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Authorised Signature: __________________________ Date: / / /  

Position in company: __________________________
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 authorised by the Prudential Regulation Authority and regulated by
the Financial Conduct Authority and the Prudential Regulation Authority.
Financial Services Register number 121849.