

Allianz Insurance plc

Property Owners **Select**

Proposal



Allianz 



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 have 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.

To assist you in completing this proposal form you may wish to read our separate Policy Overview. This contains a summary of the main benefits, terms and conditions of our Property Owners Select policy.

Should you need any further details or have any questions your insurance adviser will be delighted to help.



Business & General Details

1 Please state name of the proposer including full trading name

ERN number*

A If you are a limited company, please show your Company Registration Number, otherwise please show full names and addresses of all principals and partners and any trading name.

B If you have any subsidiary companies please show their names and addresses

ERN number*

C Have you ever traded under a different name?

Yes

No

If 'Yes', please give details and the reason for the change

2 Please state your Registered Postal Address

Note: please complete Appendix A in respect of premises to be insured

Postcode

Tel No

3 Please state the date your business started

4 Please specify the date you require this insurance to commence

5 Please give a full description of your business and activities

6 Do you occupy any of the premises to be insured?

If 'Yes', please detail in Appendix A

Yes

No

* If Employers Liability Cover is selected you will need to supply the Employers Reference Number (ERN) for each insured company/subsidiary.

Property Damage

1 Cover Options

Is cover required for All Risks?

Yes

No

or

Is cover required for Specified Events?

Yes

No

If 'Yes', for Specified Events please tick boxes to indicate cover required

Fire, Lightning, Explosion, Aircraft, Riot and Civil Commotion or Malicious Persons, Earthquake or Subterranean Fire

Storm or tempest

Flood

Escape of water from any tank apparatus or pipe

Impact

Sprinkler leakage

Accidental Damage

Theft

Subsidence

Escape of oil from any fixed heating installation

2 Please provide totals to be insured in respect of:

Sum Insured

A Buildings (Declared value)

£

This should include landlord's fixtures and fittings, fixed glass fixed sanitaryware, tenants' improvements for which you are responsible, furnishings and other contents of common parts of the buildings, building management and security systems, gangways, pedestrian malls and pedestrian access bridges, walls gates fences and underground services, fuel tanks, car parks, roads, pavements, forecourts, tennis courts, landscaping (including trees shrubs plants turf and other forms of vegetation) including garden furniture street furniture ornaments and statues.

Note that the Declared Value of such buildings should represent the rebuilding cost of the property at the time of completing the proposal form together with the cost of professional fees, debris removal costs and any extra costs which may be incurred in complying with known local authority requirements.

Note if there is more than one premises to be insured, then please provide details of the sums insured for each premises in Appendix A.

B Contents (Declared Value)

£

This should include fitted carpets, furnishings and other contents of reception and storage areas and other communal parts of the buildings, including the contents of fuel tanks, portable communal property in the open grounds of and used in connection with the buildings.

C Reinstatement Day One inflation provision is included at 130% if you require a higher limit please state

%

D All risks specified property (For example Computers, Office Contents, Tools etc.)

Description	Sum Insured			
	Own Premises	Anywhere in UK	Europe	Worldwide

Property Damage continued

3 Please complete the following in respect of Subsidence

Note: please also complete the questions in Appendix A

A Do any of the buildings show any sign of subsidence, movement or cracking? If 'Yes', please detail in Appendix A **Yes** **No**

B Has there been subsidence in the vicinity of any of the premises? If 'Yes', please detail in Appendix A **Yes** **No**

C Has there ever been a consulting engineers report for any of the premises? If 'Yes', please attach a copy **Yes** **No**

4 Do you want us to quote for Terrorism cover? **Yes** **No**

5 The Buildings. Are all the Premises at each situation to be insured:

A built of mainly brick, stone, concrete or non combustible materials? **Yes** **No**

B heated only by hot water central heating systems mains electricity or mains gas? **Yes** **No**

C supplied with electricity by modern wiring and fittings? **Yes** **No**

D properly maintained and kept in a good state of repair? **Yes** **No**

E in an area free from any history of flooding? **Yes** **No**

F protected against freezing by lagging or insulation of all water pipes and tanks? **Yes** **No**

If you have ticked 'No' to any of the above boxes, please give details below:

G unduly exposed to any risk of damage by storm? **Yes** **No**

H subject to any preservation order or listing? **Yes** **No**

I used for any hazardous processes or storing hazardous materials? **Yes** **No**

If you have ticked 'Yes' to any of the boxes above please give details below:

6 Do you require cover for Loss of Money in respect of your business? If 'Yes', please complete Appendix B **Yes** **No**

7 Do you require cover for Goods in Transit in respect of your business? If 'Yes', please complete Appendix B **Yes** **No**

Loss of Rent

1 Cover Options

Is cover required for All Risks?

Yes

No

or

Is cover required for Specified Events?

Yes

No

If 'Yes', for Specified Events please tick boxes to indicate cover required

Fire, Lightning, Explosion, Aircraft, Riot and Civil Commotion or Malicious Persons, Earthquake or Subterranean Fire

Storm or tempest

Flood

Escape of water from any tank apparatus or pipe

Impact

Sprinkler leakage

Accidental Damage

Theft

Subsidence

Escape of oil from any fixed heating installation

Do you require cover on a Declaration Linked basis?

Yes

No

2 Please state the Rent for the following:

Sum Insured/Estimated Amount

A Occupied Premises

£

The amount of actual annual rent for the period of insurance plus any increases as a result of any known proposed rent reviews.

B Unoccupied Premises

£

A professional valuation of the estimated amount of rent to be payable during the period of insurance, based on leases expected to be signed or in the course of negotiations and upon rent of similar premises in the locality.

C Please give details of any other cover required i.e. Additional Increased Cost of Working etc.

Note if there is more than one premises to be insured, then please provide details of the sums insured for each premises in Appendix A.

3 Do you want us to quote for Terrorism cover?

Yes

No

Employers Liability and Property Owners Liability

1 Please tick box for cover and indemnity limits required

Cover

Limit of Indemnity

Employers Liability £10m

Other £

Property Owners Liability £2m £5m

Other £

2 Do you run any part of your business from, or work in, any premises outside the United Kingdom? **Yes** **No**

If 'Yes', please give details including the country

3 Are all the premises let under full repairing leases, which pass responsibility for maintenance and repair to the leaseholder/tenant?

If 'No', please provide details

Yes **No**

4 Are you responsible for any 'common parts' e.g. stairways, services, lifts, car parks? **Yes** **No**

5 Do you employ a Managing Agent to administer all the premises? **Yes** **No**

If 'Yes', do they have responsibility under contract for maintenance, repair and general control of the premises? **Yes** **No**

6 Do you appoint contractors to carry out maintenance/repair work? **Yes** **No**

If 'Yes', do you check and record details of their Employers and Public Liability insurance? **Yes** **No**

7 Are all lifts, hoists, cradles, slings, boilers, steam plant or pressure vessels for which you are responsible inspected to statutory requirements? **Yes** **No**

8 Are you responsible for any external cleaning or maintenance installations, such as cradles, cranes, slings or access platforms? **Yes** **No**

If 'Yes', please provide details

9 Are you fully conversant and comply with the Health and Safety Executive Approved Code of Practice L127 in respect of Regulation 4 of the Control of Asbestos at Work Regulations 2002? **Yes** **No**

10 Has an inspection been carried out to determine if any of the premises contain asbestos? **Yes** **No**

If 'Yes', please provide details of the results of such inspection(s), and your plan to manage the asbestos risk

11 Are any facilities, services, leisure amenities or security personnel provided or included for occupiers or third parties? **Yes** **No**

If 'Yes', please provide full details

Employers Liability and Property Owners Liability continued

12 Have you or any tenant (including former owner/tenants, if known)

A ever been prosecuted or sued for any pollution incident?

Yes

No

B ever had any incidents of pollution or incidents likely to cause pollution?

Yes

No

C ever carried on any industrial activity which was the subject of an environmental permit or licence?

Yes

No

13 Are any of the premises to be covered on land that has been subject to environmental reinstatement or repair due to pollution or contamination?

Yes

No

If 'Yes', please give details

14 Do any of the premises have

A railway sidings?

Yes

No

B waterside berths for ships, boats or other craft?

Yes

No

If 'Yes', please give details

15 Do you own:

A any premises which are not to be covered by the Property Damage section?

Yes

No

B any land on which there are no buildings or other structures erected?

Yes

No

If 'Yes', please give details

16 Please advise details of your annual rental income for the last three years:

Year

Year

Year

£

£

£

17 In respect of Legionellosis contamination

A have you undertaken a COSHH/Risk Assessment with regard to all water systems/plant installed?

Yes

No

B are you fully conversant and comply with the Health & Safety Commission Approved Code of Practice entitled "Legionnaires" Disease! The Control of legionella in water systems?

Yes

No

Employers Liability and Property Owners Liability continued

18 Please give details of estimates of your total payments for the next 12 months in respect of your wage roll and payments to subcontractors

	Earnings of yourself and partners if not a limited company	All direct employees including working directors and trainees	Labour only sub contractors
A Clerical staff, commercial travellers and managerial employees who do not do manual work	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
B Caretakers, cleaners, porters	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
C Alteration, maintenance, repair	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
D All others. Please describe	<input type="text"/>	<input type="text"/>	<input type="text"/>
E Please give your estimated total payments to sub contractors who provide labour and their own materials	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

19 Please give details of your estimated maximum total number of employees for the next 12 months.

This should include yourself, partners (if not a limited company) directors, trainees and labour only sub contractors

20 Do you own or operate:

- A** Commercial seaports or airports Yes No
- B** Stadiums which exceed a seating capacity of 10,000 Yes No
- C** Tunnels or bridges exceeding a length span of 100 metres Yes No

21 Will any of your employees engage in work at a height exceeding 10m?

Yes No

If 'Yes', please provide details

Commercial Legal Expenses

The following Commercial Legal Expenses cover is provided as standard with every Property Damage Section.

Standard Cover:

Criminal Prosecution Defence, Damage to Premises, Access to Lawphone and Allianz Legal Online.

You can extend the Standard cover as shown below. If you require any of the Optional Extensions please tick the relevant box below and answer the following questions.

Optional Extension 1:

Standard cover plus Employment, Taxation Proceedings, Data Protection, Commercial Tenancy Agreement, Licence Protection, Personal Injury and Jury Service Allowance.

Yes No

Optional Extension 2:

Cover as provided under Optional Extension 1 plus Contract cover.

Yes No

Optional Extension 3:

Cover as provided under Optional Extension 1 plus Residential Lettings cover.

Yes No

Optional Extension 4:

Cover as provided under Optional Extension 1 plus Contract and Residential Lettings cover.

Yes No

Please note: cover provided by the above Optional Extensions is normally only available to businesses where the Total Annual Rental income does NOT exceed £10,000,000.

Please provide the following information.

1 Please confirm your Total Annual Rental Income derived from:

- a) Non – Residential property
- b) Residential property

£

£

TOTAL £

NB. A Residential property is defined as one:

- i Let under the Housing Act 1988 or the Housing (Scotland) Act 1988 or amended by the Housing Act 1996, or
- ii Where the tenant is a limited company or partnership for residential purposes only, or
- iii Where the annual residential rental income for that property exceeds £25,000.

2 Please confirm the number of units let for:

- a) Non – Residential purposes
- b) Residential purposes

NB. A letting unit is a fully self contained unit with no shared facilities.

3 For each tenant (or guarantor, if appropriate), do you obtain the following prior to the tenancy commencing?

- a) one satisfactory financial or credit reference and one other satisfactory written reference.
- b) a deposit equal to at least one month's Rent.
- c) a detailed inventory of the contents and condition of the Property

Yes No

Yes No

Yes **No**

If 'No', please give reasons why not and provide details of the actual references and deposit taken, and checks made on the condition of the property and it's contents for each new tenant.

Commercial Legal Expenses continued

4 Have you or your Partners, Directors or any other person responsible for managing the business been involved in any other business in the last **5 years**?

Yes

No

If 'Yes', please give the name of the business and the period of involvement.

5 In the last **3 years** have you taken over, been taken over by, merged with, or disposed of any companies or significant business activities, or are any currently under consideration?

Yes

No

If 'Yes', please provide full details

Your Legal Disputes History

6 In the last **3 years** have you been involved in any potential dispute, claim or legal proceedings to which the cover provided by **any area of cover** within this Section would apply?

Yes

No

If 'Yes', please provide full details including dates of dispute(s), whether pending, lost or won and the amounts involved.

7 In the last **12 months**, have you been in any correspondence or discussions with any party in respect of Disciplinary or Grievance procedures relating to your employee's contracts of employment?

Yes

No

If 'Yes', please provide full details, including dates.

8 In the last **90 days**, have you dismissed any staff or made any staff redundant or are there any circumstances existing at the present time which could result in you dismissing any staff or making any staff redundant?

Yes

No

If 'Yes', please provide full details, including dates.

9 Within the next **12 months**, do you plan to make any staff redundant or implement any reorganisation which could affect staffing levels?

Yes

No

If 'Yes', please provide full details, including dates.

Commercial Legal Expenses continued

10 Are you aware of any existing circumstances which could give rise to a claim under **any area of cover** provided by this Section?

Yes

No

If **'Yes'**, please provide full details, including dates.

If you requested **Optional Extension 2 or 4**

11 Have **ALL** of your contracts been drafted by a solicitor or suitably qualified industry specialist specifically for your business?

Yes

No

If **'No'**, please give full reasons on a separate sheet.

12 What is the value of your largest contract?

£

(This should include any contracts for which you are currently in negotiation)

13 What is your average contract value?

£

Your Employment Procedures

14 Do you have established policies and procedures, of which **ALL** employees are aware, for **ALL** of the following?

Dismissal & Disciplinary

Yes

No

Grievance

Yes

No

Redundancy

Yes

No

Discrimination

Yes

No

Equal Opportunity

Yes

No

Harassment

Yes

No

Flexible Working

Yes

No

Absence

Yes

No

15 If **'Yes'**, have they **ALL** been drafted by a solicitor or other suitably qualified Employment law specialist specifically for your business?

Yes

No

If you have answered **'No'** to any of the questions within 14 give reasons on a separate sheet.

16 Are **ALL** employees issued with their own contract of employment and Job Description?

Yes

No

If **'No'**, please give full reasons on a separate sheet.

Your Health and Safety Circumstances

17 Do you have a Health and Safety Policy Statement?

Yes

No

If **'No'**, please give full reasons on a separate sheet.

18 If **'Yes'**, are **ALL** employees aware of this?

Yes

No

If **'No'**, please give full reasons on a separate sheet.

19 Are you aware of any circumstances that could give rise to a prosecution under Health and Safety legislation?

Yes

No

If **'Yes'**, please provide full details on a separate sheet.

General Questions

1 Have you ever previously been insured for any of the covers requested in this proposal Yes No

If 'Yes', please give details including the name of the 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 condition, or risk improvement requirements? Yes No

E imposed special terms or conditions? Yes No

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

3 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 road traffic offences? 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 ever been a director of a company that has received a County Court or High Court judgment against it? Yes No

K ever been disqualified under the Company Directors Disqualification Act 1986 or any subsequent legislation from holding office as a director of a company? Yes No

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

4 Have you or any Partner or Director (in connection with this or any other business in which you or they have been trading) suffered any loss, made any claims or been involved in accidents which have or could have resulted in a claim in respect of the risks proposed within the last five years.

Important: You must give details of all claims, even if they were declined by your previous insurers.

Yes

No

If 'Yes', please give details

Year	Type of Loss	Details of Loss	Amount Paid £	Amount Outstanding £

Please continue on a separate sheet if necessary.

5 Within the last 10 years have you or any director or partner traded under a different name?

Yes

No

If 'Yes', please provide full details

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?

Yes

No

Examples of such information are:

- a) any special or unusual facts relating to your insurance risk
- b) any particular concerns which led to you seeking insurance cover
- c) 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

If 'Yes', please provide full details

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 Data Protection statement contained within 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 correspondence) of all information supplied to Allianz which relates to this proposal. A copy of this proposal will be supplied on request.

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

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.

Appendix A - Premises to be Insured

Risk Address	Tenant(s) Name	Tenants Trade / Occupation e.g. Office, Warehouse, Retail, Light Industrial, Manufacturing etc

Age of Property	Is the premises or any portion of the premises Unoccupied? If 'Yes' , please give details on a separate sheet	Please identify here if answered 'Yes' to Property Damage Q. 2A, B or C	Building Declared Value	Contents of Common Parts	Calculated Rent	Maximum Indemnity

Appendix B - Supplemental Covers

Money

1 Please tell us your estimated annual carryings of money (cash, bank notes and other negotiable items) £

2 Please tell us the limit you want for loss of your money as follows: -

A In transit £

B At your own office premises during business hours £

C At your own office premises not in a locked safe, out of business hours, if higher than £300 £

D At your own office premises in a locked safe, out of business hours
Please give details of safe
Make and Model £
Make and Model £

E In the personal custody of you or your employees out of business hours if higher than £300 £

F Other please specify £

3 If you want to increase the standard amounts of compensation for personal assault cover, please show the amounts

	Standard	Required
Death	£25,000	£ <input type="text"/>
Loss of one or more limbs or the sight of one or more eyes	£25,000	£ <input type="text"/>
Permanent Total Disablement	£25,000	£ <input type="text"/>
Temporary Total Disablement	£100 per week	£ <input type="text"/>
Temporary Partial Disablement	£50 per week	£ <input type="text"/>

Goods in Transit

1 What type of goods do you want to insure?

2 What is the estimated annual value of goods in transit £

3 Is cover required for goods carried in own vehicles **Yes** **No**

If **'Yes'**, please tell us: -

A Maximum number of vehicles to be used

B Maximum Sum Insured required per vehicle £

C Makes and types of vehicles used

D Are any of the vehicles fitted with immobilisers or alarms **Yes** **No**

If **'Yes'**, please give details

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.



ACOM292_10 11.15