



Commercial Select proposal



Chartered

Introduction

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 Commercial Select policy.

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

Proposal

You may choose any of the following covers. **Please tick the appropriate box** for the covers you wish to insure.

If cover for Fidelity Insurance, or Accident, Sickness and Business Travel is required, please complete the appropriate separate form, which is available on request.

Property Damage

	Yes	No
Option 1 Fire and Specified Events (see separate Policy Overview for details)	<input type="checkbox"/>	<input type="checkbox"/>
Theft (only available if you choose cover for Fire and Specified Events)	<input type="checkbox"/>	<input type="checkbox"/>
Subsidence	<input type="checkbox"/>	<input type="checkbox"/>
Option 2 Commercial All Risks (Includes Fire and Specified Events, Accidental Damage, Subsidence and Theft)	<input type="checkbox"/>	<input type="checkbox"/>
Option 3 All Risks on Specified Property	<input type="checkbox"/>	<input type="checkbox"/>

Business Interruption

Option 1 Fire and Specified Events (see separate Policy Overview for details)	<input type="checkbox"/>	<input type="checkbox"/>
Theft	<input type="checkbox"/>	<input type="checkbox"/>
Subsidence	<input type="checkbox"/>	<input type="checkbox"/>
Option 2 Commercial All Risks (Includes Fire and Specified Events, Accidental Damage, Subsidence and Theft)	<input type="checkbox"/>	<input type="checkbox"/>

Money

 Yes No

Own Goods in Transit

 Yes No

Computer

 Yes No

Engineering Machinery Damage

 Yes No

Engineering Business Interruption

 Yes No

Employers Liability (only available if you choose cover for Public Liability or Public and Products Liability)*

 Yes No

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

Proposal (continued)

	Yes	No
Public Liability	<input type="checkbox"/>	<input type="checkbox"/>
Public and Products Liability	<input type="checkbox"/>	<input type="checkbox"/>
Directors and Officers Liability	<input type="checkbox"/>	<input type="checkbox"/>
Commercial Legal Expenses		
Standard Cover (automatically provided where the Commercial Legal Expenses Section is operative)		
Commercial Legal Expenses Optional Extension 1 Standard Cover plus Employment, Taxation Proceedings, Damage to Premises, Data Protection, Commercial Tenancy Agreement, Licence Protection, Personal Injury and Jury Service Allowance.	<input type="checkbox"/>	<input type="checkbox"/>
Commercial Legal Expenses Optional Extension 2 Optional Extension 1 plus Contract	<input type="checkbox"/>	<input type="checkbox"/>

NB: this Cover Extension is only available if Optional Extension 1 is also taken.

If you have answered 'Yes' to request either of the Optional Extensions, please answer the questions contained under the Commercial Legal Expenses Extension part of this Proposal.

Please Note: Optional Extensions 1 and 2 are normally only available to businesses with annual turnovers that do NOT exceed £10,000,000.

On the pages that follow please complete the business details, each section you wish to insure and the declaration.

Please answer all of the questions, tick the appropriate boxes and use block capitals

Business Details

1 Your full name including any trading name ERN number*

2 A If you are a limited company, please show your Company Registration Number ERN number*

B If you are not a limited company, please show the full names and addresses of all principals and partners and any trading name

C If you have any subsidiary companies, please show their names and addresses. ERN number*

3 Your postal address

Postcode

4 Address of the premises you wish to insure, if this is different from your postal address

Postcode

Note: If you require to insure more than one location please complete Appendix A

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

Business Details (continued)

5 Does anyone else occupy your premises or are any parts unoccupied? Yes No

If 'Yes', please give details

6 Full description of your business and the work that you do

7 Have you ever traded under a different name? Yes No

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

8 The date you started your business

A At these premises

B At any previous premises

9 When do you want your insurance to start? (The policy is renewable annually)

Covers

Property Damage

1 Property to be insured* (if more than one location to be insured please complete Appendix A)

- A** Buildings including outbuildings, landlords' fixtures and fittings and an amount for architects' and surveyors' fees, removal of debris and shoring up

Sum Insured

£

Item 1A Buildings

The sum insured must be enough to pay for the cost of rebuilding or replacing the property as new and should include an amount for the following:

- a** your landlord's fixtures and fittings, walls gates and fences, outbuildings/extensions, roads, car parks, yards, paved areas, pavements, footpaths, building management and security systems, fuel tanks and equipment, wind turbines and solar panels, landscaping and recreational features
- b** architects' and surveyors' fees;
- c** the cost of demolition, removal of debris, shoring or propping up; and
- d** an amount for VAT if you are not registered or exempt.

- B** Interior decorations for which you are responsible

£

- C** [] months rent

£

- D** Machinery, plant, and all other contents (including those for which you are responsible), tenants improvements, alterations and decorations, contents in open yards, contents of fuel tanks and office equipment (excluding items in **E** and **F** below)

£

- E** Computer equipment, fax machines and photocopiers

£

- F** Portable hand and power tools

£

- G** Stock in trade and property for which you are responsible (excluding items H, I and J below)

£

- H** Wines and Spirits

£

- I** Tobacco and Cigarettes

£

- J** Non ferrous metals

£

Items 1B Interior Decorations and items 1D – 1J Contents

The sums insured must be enough to pay for the cost of reinstating your property as new.

Property Damage (continued)

K All Risks Specified Property:

Description	Sum Insured			
	Own Premises £	Anywhere in UK £	Europe £	Worldwide £

* Property to be insured – sums insured. You must choose sums insured for the full value of your property. If you insure any of your property for less than the full value, then when you claim, we will apply 'Average', that is we will only pay you a proportionate part of your loss.

2 If you have chosen to include subsidence cover, please answer the following:

a Age of Buildings

	Years
--	-------

b Do the buildings show any sign of subsidence?

Yes	No

c Has there been subsidence in the area?

--	--

d Has there ever been a consulting engineers report for the premises?
If 'Yes', please attach a copy

--	--

3 Do you want us to quote for Terrorism Cover?*

--	--

* We shall be pleased to quote if you want Terrorism cover to the full value of your buildings and contents. The cover must apply to all of your premises, you cannot restrict this to specific premises only.

4 The Buildings.

Please answer this question even if you are not insuring the buildings. We look at your answer when considering your contents.

Are the Buildings:

A built entirely of brick, stone, concrete or other non combustible materials?

Yes	No

B heated only by hot water central heating systems mains electricity or mains gas?

--	--

C supplied with electricity by modern wiring or fittings?

--	--

D properly maintained and kept in a good state of repair?

--	--

E in an area free from flooding? and

--	--

F not exposed to risk of damage by storm?

--	--

Property Damage (continued)

5 Security Protections Are the premises to be insured protected by an Intruder Alarm System? Yes No

If 'Yes'

A please give details of the signalling system (✓ as appropriate)

Form with checkboxes for Digital Communicator, redcare, Dualcom, redcareGSM, DualcomPlus, Dualcom GPRS, and Other.

B is the system maintained under contract with an approved installer? C has the level of Police response to the alarm installation been (or have your been notified that it will be) reduced, delayed or withdrawn? 6 Are all water pipes and tanks protected against freezing by lagging or insulation? Yes No

If any of the answers to 5, and 6 above are 'No', please give details

Large empty text box for providing details if any answers to questions 5 and 6 are 'No'.

7 Will you keep any Contents or Stock and Materials in Trade in any basement or floors below ground level? Yes No

If 'Yes', it must be kept at least six inches above the floor.

Business Interruption

1 Basis of cover

Please tick box for cover required

Do you require cover on a Declaration Linked Basis?

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

	Sum Insured	Indemnity Period			
A Gross Profit	£ <input type="text"/>	12 <input type="checkbox"/>	18 <input type="checkbox"/>	24 <input type="checkbox"/>	36 <input type="checkbox"/>
B Revenue	£ <input type="text"/>	12 <input type="checkbox"/>	18 <input type="checkbox"/>	24 <input type="checkbox"/>	36 <input type="checkbox"/>

C Please give details of any other cover required e.g. Income, Gross Rent or Additional Cost of Working and specify the Sum Insured and the Indemnity Period required

Indemnity period

You should select a period allowing for the maximum time your business will be affected if your premises were destroyed by fire. There are many factors to consider, such as the time to rebuild and to replace machinery.

Sum Insured

The sum insured should be based on your anticipated annual gross profit, revenue, income or gross rent and estimated gross profit, revenue, income or gross rent allowing for trends in your business, and should be projected forward two years where the indemnity period selected is 12 months and three years where the indemnity period is 24 months.

For indemnity periods exceeding 12 months the sum insured should be increased proportionately.

If you have indicated that you require your cover to be declaration linked the sum insured you have selected will be used as the estimated gross profit or revenue and our maximum liability will be based on 133.3% of that figure.

Please note that the declaration linked basis of cover is not available where your sum insured is less than £250,000.

Business Interruption (continued)

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

2 Do you want us to quote for Terrorism cover?*

* We shall be pleased to quote if you want Terrorism cover to the full sum insured.
The cover must apply to all of your premises, you cannot restrict this to specific premises only.

3 Cover includes extension to Suppliers and Customers premises up to £100,000 or 10% of the sum insured whichever is the lower.

If you require higher limits please give details

A Suppliers:

Name	<input type="text"/>
Address	<input type="text"/>
	Postcode
Limit	<input type="text"/>

B Customers:

Name	<input type="text"/>
Address	<input type="text"/>
	Postcode
Limit	<input type="text"/>

4 Book Debts

Sum Insured
£ <input type="text"/>

If greater than standard £250,000 required

We will give cover for £250,000 outstanding in your customer accounts at the end of each month.
(It is a policy condition that you keep monthly records at a place other than your premises).

We shall be pleased to quote if you want to increase this figure.

Money

1 Please tell us your estimated annual carrying of money to and from your bank or post office £

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

These should be the most that you could lose at any one time.

A In transit to and from the bank and in a bank night safe £

B On your premises during business hours £

C On your premises not in a locked safe, out of business hours £
Our standard limit is £300. We will increase this if you ask us to.

D On your premises in a locked safe, out of business hours
 Please give safe details

Make and model £

Make and model £

E In the personal custody of you or your employees out of business hours £
Our standard limit is £300. We will increase this if you ask us to.

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

Personal Assault. **Our standard limits are as follows:**

- 1 Death **£25,000**
- 2 Loss of one or more limbs or the sight of one or both eyes **£25,000**
- 3 Permanent total disablement **£25,000**
- 4 Temporary total disablement **£100** per week
- 5 Temporary partial disablement **£50** per week

We will increase these if you ask us to.

Capital Sums (Limits 1–3) £

Weekly Benefits (Limit 4) £

Estimated annual carryings is an estimate of negotiable money that you carry from your premises to the bank or post office.

Negotiable money includes cash, uncrossed cheques, postal orders or bank drafts, travellers cheques, postage stamps, National Savings Stamps, Holiday with Pay Stamps, National Insurance Stamps not fixed to cards, unexpired units in franking machines, phone cards, gift tokens and consumer redemption vouchers.

We also insure non-negotiable money for a limit of £1,000,000. You do not need to include non-negotiable money in your estimated annual carryings of money or in the limits that you want for question 2.

Non-negotiable money includes crossed cheques, postal orders or bank drafts, National Insurance Stamps fixed to cards, National Savings Certificates and credit card sales vouchers.

Own 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 vehicle used

Yes	No

D Are any of the vehicles fitted with immobilisers or alarms?

If 'Yes', please give details

Yes	No

4 Do you want to insure your tools?

If 'Yes', please tell us:

A the number of vehicles in which tools will be carried

B the maximum value of tools in any one vehicle at any one time

£

Own Goods in Transit (continued)

5 Do you want to insure goods left in your vehicle overnight*;

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

A in a locked garage? or

B anywhere else?

If 'Yes', please give details

* **Overnight cover** – If you carry property which is attractive to thieves and/or you park your vehicle in inner city areas, we may only give overnight cover if you keep your vehicle in a locked garage or security compound.

6 Is cover required for carryings by other means (ie Road Hauliers, rail, post or air)?

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

If 'Yes', please tell us:

A the maximum any one package

£	<input type="text"/>
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B the maximum value any one consignment

£	<input type="text"/>
---	----------------------

C do freight carriers operate under 1998 RHA General Conditions of Carriage?

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

Computer

1 Please tick box for cover required

Computer Equipment Computer Media Additional Expenditure

2 Please select basis of Cover for Computer Equipment

Breakdown only All Risks including Breakdown

3 Computer Equipment to be insured

(if more than one location to be insured please complete Appendix A)

Please advise the new replacement value

Computer Aided Design Computers	£
Personal Computers	£
Mainframe Computers	£
Auxiliary Equipment (e.g. air conditioning, power supply, etc.)	£
Portable Equipment (excluding telephones or equipment incorporating telephones)	£
• Laptops and Tablet Screens	£
• Digital Cameras	£
• Presentation Projectors	£
• Other Personal Digital Assistants which operate as a computer	£
Total Sum Insured	£

4 Computer Media

Please advise the new replacement value of Computer Media (Tapes, discs and other data carrying materials plus the costs of recompiling stored data and/or programs from other records plus the costs of repurchase of proprietary software)

£

	Yes	No
Is any software protected by encryption devices (such as a dongle)?	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes', what is the value of this software £

5 Additional Expenditure

Please advise the Limit of Liability required for Additional Expenditure cover (The costs incurred during the Indemnity Period to prevent or minimise interruption to or interference with the computer operations of the Business)

£

Please advise the Indemnity Period required _____

Computer (continued)

6 Excess

Standard Excess is £350. If you wish to increase this please indicate amount below

<input type="checkbox"/> £500	<input type="checkbox"/> £1,000	<input type="checkbox"/> £2,500	<input type="checkbox"/> £5,000	<input type="checkbox"/> Other	£ <input type="text"/>
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7 Computer Equipment/Insurance Required – General

	Yes	No
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7.1 Does any equipment to be insured control any manufacturing process?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If 'Yes', please note such equipment will not be covered unless specifically agreed to by us.

£ <input type="text"/>

7.2 Please give specific details of additional security measures in place to protect your computer equipment such as entrapment devices or security cabling

7.3 Please advise if any of the Computer Equipment is uniquely protected by:

	Yes	No
--	------------	-----------

- a a gas flooding system or
- b High Sensitivity Smoke Detection Equipment (HSSD)
- c Hand-held extinguishers specifically bought for the equipment
- d other means of fire detection or protection

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Please confirm that the means of detection and/or protection was installed and is being maintained by a Company approved by the Loss Prevention Council Board (LPCB) Company?

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

System Installer and Maintainer:

Signed:

Print Name:

Position in Company or Intermediary:

Computer (continued)

- | | | | |
|------------|--|--------------------------|--------------------------|
| 7.4 | Is there a maintenance rental hire or lease agreement in force providing, at an inclusive cost on-call remedial maintenance with free repair or replacement in the event of breakdown arising out of normal use? | Yes | No |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.5 | Is there a Business Continuity Plan in force? If Yes , Please provide a copy. | Yes | No |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.6 | Is an Information Security Policy in force which complies with the requirements of ISO17799? | Yes | No |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

Please confirm that in accordance with Special Condition 1 of your Insurance Policy you carry out the following:

- | | | | |
|----------|---|--------------------------|--------------------------|
| a | Back up data records and update the records no less frequently than once every seven days? | Yes | No |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| b | maintain up to date copies of software programs | Yes | No |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| c | store back up data records and up to date duplicate software programs away from the building where the original software programs and data is held? | Yes | No |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| d | observe the manufacturer's and/or supplier's recommendations for the storage verification and security of Computer Media? | Yes | No |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

In addition please advise:

- | | | | |
|----------|---|--------------------------|--------------------------|
| a | if data is backed-up in accordance with the 'generation principal'?
e.g. typical three generation back up - Daily, weekly, monthly back ups? | Yes | No |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | If Yes Number of Generations | | |
| b | if the back ups are verified for readability and accuracy at least once every 30 days? | Yes | No |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Intervals | | |
| c | if the back ups are restored to the system and run in full test of their integrity and ability to perform all the functions of the original software? | Yes | No |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Intervals | | |

Engineering – Machinery Damage

1 Please tick box for cover required

Sudden and Unforeseen Damage (including Breakdown, Explosion, & Collapse) and Own Surrounding Property (Pressure Plant)

or

Breakdown, Explosion, Collapse and Own Surrounding Property (Pressure Plant)

or

Accidental Damage (excluding Breakdown, Explosion and Collapse) only

2 Property to be insured

(if more than one location to be insured please complete Appendix A)

2.1 Please advise the new replacement value of all Plant

£

2.2 Please advise the Limit of Liability required

£

3 General Risk Details

3.1 In what type of environment does the plant operate?
(Example – Factory, Dockside, School, etc.)

3.2 What processes and plant are involved?
(Example – Heating, Air Conditioning Plant, Chemical Manufacturing Plant, Mixing Vessels, etc.)

3.3 Is all plant of current manufacture with spares available within the UK?

Yes

No

3.4 What degree of maintenance is in place, either by in house engineers or externally?

3.5 Is all plant accessible for repair/replacement at no foreseeable extra or abnormal cost?

Yes

No

3.6 Are any warranties in place or labour and parts maintenance contacts?

Engineering – Machinery Damage (continued)

4 Specific Item Details

4.1 Please detail any items that represent a New Replacement Value of more than £100,000 including manufacturer and rated capacity (HP, KW, etc)

4.2 Please detail any items that are over seven years old

5 Excess

Standard Excess is £350. If you wish to increase this please indicate amount below

£500 £1,000 £2,500 £5,000 Other £

Engineering – Business Interruption

1 Please tick box for cover required

- Sudden and Unforeseen Damage (including Breakdown and Collapse but excluding Explosion)
- or
- Breakdown or Collapse only
- or
- Accidental Damage (excluding Breakdown, Explosion and Collapse) only
- Estimated Gross Profit
- Estimated Revenue

2 Please advised Sum Insured and Indemnity Period

	Sum Insured	Indemnity Period			
Estimated Gross Profit	£ <input type="text"/>	12 <input type="checkbox"/>	18 <input type="checkbox"/>	24 <input type="checkbox"/>	36 <input type="checkbox"/>
Estimated Revenue	£ <input type="text"/>	12 <input type="checkbox"/>	18 <input type="checkbox"/>	24 <input type="checkbox"/>	36 <input type="checkbox"/>

Indemnity Period

You should select a period allowing for the maximum time your business will be affected if your premises were destroyed by fire. There are many factors to consider, such as the time to replace machinery.

Sum Insured

The sum insured should be based on your anticipated annual gross profit or revenue allowing for trends in your business, and should be projected forward two years where the indemnity period selected is 12 months and three years where the indemnity period is 24 months.

For indemnity periods exceeding 12 months the sum insured should be increased proportionately.

The sum insured you have selected will be used as the estimated gross profit or revenue and our maximum liability will be based on 133.3% of that figure.

3 Time Exclusion

Hours/Days
 (This may be subject to a minimum period)

Engineering – Business Interruption (continued)

4 If failure of supplies cover is required

a Please specify which supplies should be covered:

Gas

Electricity

Water

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

b How is Electricity supply delivered to the premises:

Overhead

Underground

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

c Is a 30 minute Franchise required (not available for overhead electrical supply):

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

5 Key Items of Plant

Description of MAJOR items of Plant e.g. steam boilers, compressors, presses, moulders/extruders, air-con, transformers, CHPs, turbines, machine tools, (including size e.g. HP, kW, Kva, lbs/hr, tonnage etc).

Date of manufacture

Work Performed

Percentage importance to production

Alternative means of working and action to be taken in event of failure of machine – please indicate any standby equipment or reserve capacity in identical equipment

Estimate of repair time following major damage

Spare parts held

Any factors which could delay resumption of production e.g.

- i** Solidification of material
- ii** phased re-starting

Engineering – Business Interruption (continued)**6 Maintenance/Repair Facilities**

6.1 What machinery is subject to a planned preventative maintenance regime?

6.2 What is the size and experience/qualifications of engineering/maintenance staff?

6.3 What type of repairs can be undertaken by in-house staff & what repair facilities are there?

6.4 What machinery is covered by repair/maintenance agreements with third party companies?

6.5 What machinery is of foreign manufacture and has no UK or EU agent?

6.6 What machinery is obsolete or has no current manufacturer or spares availability?

6.7 What spares are held for machines shown in Question 6.5 above?

Employers Liability and Public and Products Liability and Directors and Officers Liability

If you work in the building or contracting trades please complete a separate Construction Select or Complete Contractor proposal form available from your insurance adviser.

Many businesses must register with the Local Authority or with the Health and Safety Executive for health and safety purposes. If you are required to register and have not, you should do so. If you are in any doubt, please talk to your nearest HSE office.

1 Please tick box for cover and indemnity limits you want

Cover	Limit of Indemnity				*Other	£	
Employers Liability	<input type="checkbox"/>	£10m	<input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/>	
Public Liability	<input type="checkbox"/>	£1m	<input type="checkbox"/>	£2m <input type="checkbox"/>	£5m <input type="checkbox"/>	*Other <input type="checkbox"/> £ <input type="text"/>	
Products Liability	<input type="checkbox"/>	£1m	<input type="checkbox"/>	£2m <input type="checkbox"/>	£5m <input type="checkbox"/>	*Other <input type="checkbox"/> £ <input type="text"/>	
Financial Loss	<input type="checkbox"/>	£ <input type="text"/>					
Directors and Officers Liability	<input type="checkbox"/>	Limit of Liability (min. £100,000/ max. £10m)					£ <input type="text"/>

*Additional Proposal form required

2 Do you run any part of your business from, or work in, any premises in any foreign country?

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

If 'Yes', please give details including the country:

3 Do you do any manual work away from your premises?

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

If 'Yes', please give full details of the types of work and locations and answer Q4:

4 Will you use blowlamps or welding, flame-cutting or other equipment for application of heat away from your premises?

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

Employers Liability and Public and Products Liability and Directors and Officers Liability (continued)

5 Do any of your premises have

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

A railway sidings?

B waterside berths for ships, boats or other crafts?

If 'Yes', to **A** or **B** please give details:

6 What was the past usage of each premises to be covered, where known?

7 For each premises to be covered have you or any former owner (if known):

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

A ever been prosecuted or sued for any pollution problem?

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

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

If 'Yes', to **A**, **B** or **C** please give details:

Employers Liability and Public and Products Liability and Directors and Officers Liability (continued)

8 Do

	Yes	No
A you process, handle or store gases, explosives, acids, or other materials that are toxic, explosive, flammable, corrosive or an irritant?	<input type="checkbox"/>	<input type="checkbox"/>
B any noxious or polluting substances, liquids, gases, fumes or waste arise from your processes?	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes', to **A** or **B** please give details:

9 Do you process, handle or store any of the following:

	Yes	No
A radioisotopes, radioactive substances or other sources of ionising radiation?	<input type="checkbox"/>	<input type="checkbox"/>
B laser apparatus?	<input type="checkbox"/>	<input type="checkbox"/>
C silica, asbestos or materials containing asbestos? or	<input type="checkbox"/>	<input type="checkbox"/>
D gases, explosives, acids or other dangerous liquids or substances?	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes', to **A**, **B**, **C** or **D** please give details:

10 Does your work involve:

	Yes	No
A exposure to noise levels exceeding 85 dB (A)?	<input type="checkbox"/>	<input type="checkbox"/>
B work on or visits to offshore installations? or	<input type="checkbox"/>	<input type="checkbox"/>
C burning of waste or other materials?	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes', to **A**, **B** or **C** please give details:

Employers Liability and Public and Products Liability and Directors and Officers Liability (continued)

11 Your wage roll and payments to subcontractors Please give estimates of your total payments for the next 12 months	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			
B work at your own premises:			
a woodworking machinists and their labourers and helpers			
b all others (please describe) 			
C work away from your own premises (please describe) 			
D please give your estimated total payments to subcontractors who provide labour and their own materials.			

Payments means total gross pay for work done for you including gross wages, salaries and all other earnings and allowances (before deductions).

Labour only subcontractors includes persons supplied by them, self-employed persons providing labour only and persons hired or borrowed by you.

12 Is all machinery and equipment:	Yes	No
A properly fenced and guarded?		
B properly maintained and kept in a good state of repair?		

Employers Liability and Public and Products Liability and Directors and Officers Liability (continued)

If Products Liability Cover is required please answer the following questions

13 Please give details of goods sold, supplied, delivered, installed, erected, repaired, altered, treated or tested including their intended function

Please attach copies of any catalogues, brochures or other descriptive literature

14 Please give details of Goods:

	Manufactured by you	Repaired, processed altered or tested	Retailed/ Wholesale
A Estimated annual turnover	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
B Percentage exported to:-			
USA or Canada	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
European Union	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
elsewhere	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

15 Have you sold, supplied, delivered, installed, erected, repaired, altered, treated or tested any other goods which are likely to be still in use or on the market?

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

If 'Yes', please give details:

16 Has your annual turnover for exports to USA and/or Canada exceeded the above estimates in any of the last 5 years?

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

If 'Yes', please tell us the turnover for each year affected

Employers Liability and Public and Products Liability and Directors and Officers Liability (continued)

17 Do you know if any of the goods are supplied indirectly to USA and/or Canada?

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

If **'Yes'**, please tell us the estimated annual turnover

£ <input type="text"/>

18 Have you a parent or subsidiary company, branch premises, resident employee, representative or holder of your power of attorney in any country outside the EU?

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

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

19 Do you issue any written guarantees or conditions of sale or work for the goods?

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

If **'Yes'**, please attach the wordings

20 Are you responsible for the design of the goods?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If **'No'** **a** who is responsible?

and

b do you enter into any agreement to indemnify or hold harmless any such party?

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

If **'Yes'**, please attach the wordings

21 Are any goods, materials or components supplied, manufactured or processed by an independent supplier or subcontractor?

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

If **'Yes'** **a** is every such supplier or subcontractor readily identifiable?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

b do you enter into any agreement to indemnify or hold harmless any such supplier or subcontractor?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If **'Yes'**, please attach the wordings

c is any such supplier or subcontractor in any foreign country?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

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

Employers Liability and Public and Products Liability and Directors and Officers Liability (continued)

22 Please give brief details of your control procedures in respect of

a goods of your own manufacture;

and

b other goods

23 Do the goods (including those not manufactured by you) comply with all relevant British Standards and/or EU directives?

Yes	No

24 Are any of the goods known or intended to be included in or installed in any air, space or marine craft or offshore or nuclear installation?

--	--

If 'Yes', please give details

25 Do you own or operate:

a Commercial seaports or airports?

Yes	No

b Stadiums which exceed a seating capacity of 10,000?

--	--

c Tunnels or bridges exceeding a length span of 100 metres?

--	--

26 Do you organise public events where the anticipated daily attendance exceeds 10,000 people?

--	--

27 Do you produce and/or distribute:

a Water?

--	--

b Gas?

--	--

c Electricity?

--	--

28 Do you provide mass rail transport systems including railway stations?

--	--

29 Are you a Local Authority body (other than Parish Councils)?

--	--

Directors & Officers Liability

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1 Is your business registered in the United Kingdom? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Is your business privately owned and not listed on any stock exchange? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Have you been in operation for more than 24 months? | <input type="checkbox"/> | <input type="checkbox"/> |

If **'No'** to questions **1, 2** or **3** above please provide details

- | | Yes | No |
|---|--------------------------|--------------------------|
| 4 Have you acquired any company in the last year which has total assets greater than 50% of your total assets at the time of acquisition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Have you any planned acquisitions in the next 12 months where the company to be acquired has total assets exceeding 50% of your total current assets? | <input type="checkbox"/> | <input type="checkbox"/> |

If **'Yes'** to questions **4** or **5** above please provide details

- | | Yes | No |
|---|--------------------------|--------------------------|
| 6 Have you previously been insured for Directors & Officers (D&O) cover and has such cover remained in force until the commencement date for this proposal? | <input type="checkbox"/> | <input type="checkbox"/> |

If **'Yes'**,

A Please state the policy number and name of the insurer

B Does this policy have a retro-active date Yes No

If **'Yes'**, please supply the retro-active date

- | | Yes† | No |
|---|--------------------------|--------------------------|
| 7 Have you reported a net loss within the last two financial years? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes† | No |
|---|--------------------------|--------------------------|
| 8 Have you had any claims made against any Director or Officer or your company in the past three years? | <input type="checkbox"/> | <input type="checkbox"/> |

† If you have ticked **'Yes'** to question **7** or **8** above, please provide full details

Directors & Officers Liability (continued)

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

If 'Yes', please provide full details

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

- 11 Do you have any revenue from or subsidiaries in the USA/Canada?
- | | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

If 'Yes', please provide details

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

- 13 For renewals only: Please state your Allianz Policy Number
-

14 Company Entity Cover

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

Note that Company Entity Cover automatically excludes Employment Practice Cover
If you do not wish to have Company Entity cover please tick

Directors & Officers Liability (continued)

15 Company Entity Employment Practice Cover

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

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

Is Company Entity Employment Practice Cover required?

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

If 'Yes', please confirm that

15.1 all your employees are employed in the United Kingdom

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

15.2 you do not have more than 75 employees (including part time/seasonal)

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If 'No' please state number of employees

15.3 you have not undertaken any redundancies in the last 12 months

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

15.4 you are not considering making any redundancies in the next 12 months

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

15.5 your employee turnover has not exceeded 30% in the last 12 months

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

15.6 you have a written Human Resources procedures manual in place and it is regularly reviewed/updated

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

15.7 you issue a written employee handbook to all employees containing information on your Human Resources policies and procedures

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

15.8 your company, its Directors, Officers or employees are not presently subject to any judicial or administrative order, decree judgement or conciliation agreement relating to employment

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

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

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Commercial Legal Expenses – Optional Extensions

Please provide the following information:

1 Please confirm your annual turnover

£

Please Note: cover provided by this Section is normally only available to businesses with annual turnovers that do NOT exceed £10,000,000.

2 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

3 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

4 In the last **3 years**, have you been involved in any potential dispute, actual 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.

5 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 employees' contracts of employment?

Yes

No

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

Commercial Legal Expenses – Optional Extensions (continued)

- 6** 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 |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

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

- 7** Within the next **12 months**, do you plan to make any staff redundant or implement any reorganisation which could affect staffing levels?
- | Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

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

- 8** 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 |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

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

If you requested Optional Extension 2 (Contract):

- 9** Have **ALL** of your contracts been drafted by a solicitor or suitably qualified industry specialist specifically for your business?
- | Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

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

- 10** What is the value of your largest contract?
(This should include any contracts for which you are currently in negotiation)
- | | |
|---|--|
| £ | |
|---|--|

- 11** What is your average contract value?
- | | |
|---|--|
| £ | |
|---|--|

Commercial Legal Expenses – Optional Extensions (continued)

Your Employment Procedures

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

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

Dismissal & Disciplinary

Grievance

Redundancy

Discrimination

Equal Opportunity

Harassment

Flexible Working

Absence

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

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If you have answered **'No'** to any of the questions within **12** give full reasons on a **separate** sheet.

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

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

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

Your Health & Safety Circumstances

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

15 Do you have a Health and Safety Policy Statement?

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

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

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

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

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

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

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

General Questions

	Yes	No
1 Have you ever previously been insured for any of the covers requested in this proposal?	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes', please give details including the name of the last insurer and policy number/s

2 Has any Insurer ever	Yes	No
a declined to insure you or to renew any of your insurance policies?	<input type="checkbox"/>	<input type="checkbox"/>
b cancelled any of your insurance policies?	<input type="checkbox"/>	<input type="checkbox"/>
c avoided any of your insurance policies for non-disclosure or misrepresentation of any material fact?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
e imposed special terms or conditions?	<input type="checkbox"/>	<input type="checkbox"/>

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:	Yes	No
a ever been convicted of or charged (but not yet tried) with any criminal offence other than road traffic offences?	<input type="checkbox"/>	<input type="checkbox"/>
b received an official caution for a criminal offence within the last three years other than road traffic offences?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

General Questions (continued)

	Yes	No
e ever been prosecuted for a breach of any statute relating to health or safety of employees or others?	<input type="checkbox"/>	<input type="checkbox"/>
f ever been served with a Prohibition Notice under the Health and Safety at Work etc. Act 1974 and associated regulations?	<input type="checkbox"/>	<input type="checkbox"/>
g ever been prosecuted for failure to comply with any environmental protection legislation?	<input type="checkbox"/>	<input type="checkbox"/>
h ever been the subject of a recovery action by HM Revenue and Customs?	<input type="checkbox"/>	<input type="checkbox"/>
i ever been the subject of a County Court or High Court judgment?	<input type="checkbox"/>	<input type="checkbox"/>
j ever been a director of a company that has received a County Court or High Court judgment against it?	<input type="checkbox"/>	<input type="checkbox"/>
k ever been disqualified under the Company Directors Disqualification Act 1986 or any subsequent legislation from holding office as a director of a company?	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes', to any of the above please give 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 any accidents which have or could have resulted in a claim in respect of the risks proposed within the last five years?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Important

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

If 'Yes', please give details

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

General Questions (continued)

	Yes	No
5 Within the last 10 years have you or any director or partner traded under a different name?	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes', please provide full details

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

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 anyone employed by me/us to ensure that all facts, statements and information provided to Allianz are accurate and correct.
- 6 I/We agree to accept Allianz's standard form of policy for this/these class/classes of insurance. A specimen copy of the policy is available on request.
- 7 I/We understand that Allianz Insurance plc reserve the right to decline any proposal.
- 8 I/We have read the Privacy 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

Print Name

Position/Title

Date

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.

Privacy Notice:

How we use personal information

Introduction

This notice explains how we collect, use and store personal information. Your privacy and personal information are important to us and we are committed to keeping it protected. We've tried to make this notice as clear and transparent as possible, so you are confident about how we use your information. As data controller, we are responsible for decisions about how your information will be processed and managed. You will also find details below regarding your rights under data protection laws and how to contact us.

1 Who we are and whose personal information we collect

When we refer to "we", "us" and "our" in this notice it means Allianz Insurance plc, Allianz Engineering Inspection Services Limited, Petplan Ltd and VetEnvoy. When we say "you" and "your" and "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
- anyone who has a business relationship or transacts business with us or provides us with a service, such as brokers, intermediaries and animal breeders.

2 How we use personal information

We use personal information in the following ways:

- to provide quotes, administer policies and policyholder claims and carry out engineering inspections to fulfil our contract
- to administer third party claims, deal with complaints and prevent financial crime to meet our legal obligations
- to manage our business, conduct market research and manage our relationships with business partners to meet the legitimate needs of our business
- to send marketing information about our products and services if we have received your 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 Marketing

We use an individual's personal information to market products and services to them.

Our marketing activities may include:

- providing information about products and services by telephone, post, email and SMS; we will either do this ourselves or use third party partners to do it for us
- working with selected partners to display relevant online advertisements, and to our other customers, on third party websites and social media platforms. To do this, we may provide our partners with an individual's personal information in an encrypted format, which they use only to identify the appropriate audiences for our advertisements. We ensure that our partners delete this information once the advertisement audiences have been identified, and do not use the information for their own purposes.

If you do not wish to receive marketing information about our products and services you can tell us at any time by using the contact details found in Section 10: Know your Rights.

4 Automated decision making, including profiling

We may use automated decision making, including profiling, to assess insurance risks, detect fraud, and administer your policy. 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 please contact us using the details in Section 10: Know Your Rights and we will review the decision.

Privacy Notice:

How we use personal information (continued)

5 The personal information we collect

The information we collect will depend on our relationship with you. 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, contact details 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, including surveillance 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
- information relating to the use of our websites via the use of cookies
- accessibility details if we need to make reasonable adjustments to help
- business activities such as goods and services offered.

In certain circumstances, we may request and/or receive special category or sensitive information about you. We would only collect this information if it is relevant to the insurance policy or claim or where it is necessary for a legal obligation:

- your current or former physical or mental health
- criminal offences, including alleged offences, criminal proceedings, outcomes and sentences (previous criminal convictions, bankruptcies and other financial sanctions such as County Court Judgements).

6 Where we collect personal information

We collect personal information direct from individuals, their representatives or from information they have made public, for example, on social media.

We also collect personal information from other persons or organisations, for example:

- credit reference and/or fraud prevention agencies
- emergency services, law enforcement agencies, medical and legal practices
- veterinary practices, animal charities and breeders
- 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.

We also collect information from your computer in the form of cookies. Please refer to our Cookie Policy for more details – [allianz.co.uk/cookie-policy.html](https://www.allianz.co.uk/cookie-policy.html).

Privacy Notice:

How we use personal information (continued)

7 Sharing personal information

We only share your information when necessary for the purposes stated in Section 2: How we use personal information.

We may share personal information with:

- other companies within the global Allianz Group [allianz.com](https://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 manage our benefit services, for example, vehicle repairers, veterinary advisors, legal advisors and loss adjusters
- other partners, local authorities and councils, including the RSPCA, if we suspect or conclude, following investigation, poor breeding practices and animal cruelty
- 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) and network organisations of which you are a member
- external agencies for market research purposes
- any organisation where you have agreed for them to receive that data as part of the terms and conditions of your membership or affiliation
- prospective buyers in the event that we wish to sell all or part of our business.

8 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 (BCRs) 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 BCRs, please 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.

9 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.

Privacy Notice:

How we use personal information (continued)

10 Know Your Rights

Any individual whose personal information we hold has a number of rights in relation to how that information is processed by us. You have the following rights:

- **The right to object** – individuals can object to us processing their data and we will either agree to stop processing or explain why we are unable to
- **The right of access** – individuals can request a copy of their personal information we hold, subject to certain exemptions (a subject access request)
- **The right of rectification** – individuals can ask us to update or correct their personal information to ensure its accuracy
- **The right to be forgotten** – individuals can ask us to delete their personal information from our records if it is no longer needed for the original purpose
- **The right of restriction** – individuals can ask us to restrict the processing of their personal information in certain circumstances
- **The right to data portability** – individuals can ask for a copy of their personal information, so it can be used for their own purposes
- **The right to withdraw consent** – individuals can ask us, at any time, to stop processing their personal information, if the processing is based only on individual consent
- **The right to make a complaint** – individuals can 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) ico.org.uk.

If you wish to exercise any of these rights you can do so by contacting our Data Rights team:

Phone: **0208 231 3992**
 Email: datarights@allianz.co.uk

Address: Allianz Insurance Plc, Allianz,
 57 Ladymead, Guildford, Surrey GU1 1DB

11 Allianz (UK) Group Data Protection Officer contact details

Allianz Insurance plc, Allianz Engineering Inspection Services Limited, Petplan Ltd and VetEnvoy are companies within the Allianz Holdings.

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

Phone: **0330 102 1837**
 Email: dataprotectionofficer@allianz.co.uk

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

12 Changes to our Privacy Notice

This Privacy Notice was last updated in September 2020.

Occasionally it may be necessary to make changes to this 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 allianz.co.uk.

13 Allianz Privacy Standards (APS)

The Allianz Privacy Standard provides you with information on the rules governing the international transfer of personal data between Allianz Group companies operating in the European Economic Area (EEA) and Allianz Group companies outside that area. The Allianz Privacy Standard also describes your rights in respect of such transfers, what to do if you want to exercise your rights or complain about such transfers, and how to contact us. The latest Allianz Privacy Standard can be found at allianz.com/en/privacy-statement.html.

Privacy Notice:

How we use personal information (continued)

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 elto.org.uk.

Property Damage – Multi Location

Appendix A

1 Address of location to be insured

[Redacted address field]

Postcode

Telephone

[Redacted telephone field]

Yes **No**

Occupied by you as:

[Redacted field]

Any other occupants:

[Redacted field] [Redacted field]

2 Address of location to be insured

[Redacted address field]

Postcode

Telephone

[Redacted telephone field]

Yes **No**

Occupied by you as:

[Redacted field]

Any other occupants:

[Redacted field] [Redacted field]

3 Address of location to be insured

[Redacted address field]

Postcode

Telephone

[Redacted telephone field]

Yes **No**

Occupied by you as:

[Redacted field]

Any other occupants:

[Redacted field] [Redacted field]

Property Damage – Multi Location (continued)

Property to be insured (see Q2 on page 4 for item description)

	Location 1	Location 2	Location 3
A	£ []	£ []	£ []
B	£ []	£ []	£ []
C	£ []	£ []	£ []
D	£ []	£ []	£ []
E	£ []	£ []	£ []
F	£ []	£ []	£ []
G	£ []	£ []	£ []
H	£ []	£ []	£ []
I	£ []	£ []	£ []
J	£ []	£ []	£ []

Computer Total Sum Insured

Location 1	Location 2	Location 3
£ []	£ []	£ []

Engineering – Machinery Damage New Replacement Value

Location 1	Location 2	Location 3
£ []	£ []	£ []

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.