



# Premium Instalment Plan

Application

Allianz Insurance plc

**Allianz** 

# Premium Instalment Plan

Allianz's Premium Instalment Plan offers a convenient way of spreading the cost of premiums.

## How does the plan work?

Your premium is divided into 12, 6 or 4 instalments, normally spread over a 12 month period. This assumes your credit agreement is set up on the first day your cover commences. To start the agreement we will require a deposit of 10% of the total premium. This can be collected by Direct Debit or you can pay by Cheque or Credit Card.

If you prefer to pay bi-monthly your deposit should be 20% of the total premium. Quarterly instalments will require a deposit amount of 25% of the total premium.

Once we have collected your deposit, further payments will be collected from your bank account by direct debit with a small service charge added.\*

Note: To be eligible, you must be over 18 years of age and have a current account with a clearing bank, Girobank or building society.

## Which policies can be included?

Most Allianz annual renewable policies, either personal or business, can be included in this instalment plan.

If you have personal lines, commercial lines or engineering business we will need to set up separate instalment plans.

You may include any number of policies under the same premium instalment plan, provided that they are for 12 months and are all renewable on the same date.

## What do I do next?

- We require a deposit.
- Complete and sign the attached application and Direct Debit Instruction. Please complete the correct section of the Application: either 'Individual' or 'Business'.
- Send these with your proposal form to your broker.

When your Premium Instalment Plan commences, you will receive a credit agreement showing the direct debit amounts and the date each month when they will be collected.

Normally the amount of the instalment will vary only when you amend your cover, add another policy, or at renewal. If your instalments change, you will receive a modifying agreement showing the revised amount of the direct debit before any amended instalment is collected.

## Renewing the Plan

When you renew your policies we will continue to collect the premium by direct debit unless you inform us to the contrary. You will receive a new Credit Agreement from us.

## Cancellation

If you wish to cancel your Premium Instalment Plan, please notify us immediately and instruct your bank/building society to cancel the Direct Debit Instruction.

In the event of policy cancellation, the instalments you have paid will normally be sufficient to cover the cost of your insurance up to the date of cancellation. However, this may not always be the case. If a claim should occur, you will be responsible for paying any balance outstanding.

\* If the deposit is paid by Direct Debit a service charge will be added to the full premium

# Terms and Conditions

- 1 All policies included in this credit agreement are annual policies. You have requested Allianz to allow you credit facilities to pay your annual premium by instalments.
- 2 Subject to condition 10, you will pay Allianz by instalments, the premium for the insurance's shown overleaf in the Schedule, and any others you authorise Allianz to add.
- 3 You agree that monthly instalments will be debited direct to your nominated bank or building society account on or immediately after the due dates.
- 4 Additional and return premiums are included in the Premium Instalment Plan and will be handled by adjusting the instalments.
- 5 Allianz reserves the right to vary the service charge following which the monthly instalments will be amended accordingly. You will always receive prior notice of any such change.
- 6 Funds will be available in your bank/building society account to pay each instalment as it falls due.
- 7 Failure to pay any instalment on the due date is a default against your credit agreement. If the default is not remedied in the manner specified in the 'default letter', your credit agreement will be cancelled. In this event all cover provided by any policy will cease.
- 8 Upon cancellation of a policy, you will surrender immediately to Allianz any current Road Traffic Act or Employers Liability Certificate of Insurance, which has been issued under the policy. If your policy contains a cancellation clause allowing a return of premium, this return will be used by us to reduce the balance on the credit agreement. You remain liable for any premium balance.
- 9 If you make a claim against any of the policies included in this agreement, you agree you remain liable to pay the full annual premium. You accept that Allianz reserves the right to deduct from any claim payment, any outstanding premiums up until the next renewal date.
- 10 At inception or renewal of a policy, you may cancel an agreement but keep your insurance in force. You can do this by sending instructions to your broker of Allianz branch office with a cheque for the full premium.
- 11 Agreements for corporate bodies or those where the total credit exceeds £25,000, are not covered by the Consumer Credit Act.
- 12 If there are two or more joint agreement holders, each is separately responsible for both their obligations and those of other co-signatories under this Agreement.

## Please check that you have

Provided a deposit for the correct amount, payable to Allianz Insurance plc.

Completed your Direct Debit Instruction with details of a bank or building society account that accepts Direct Debit payments

Signed both your Direct Debit Instruction and Application Form

Specified your preferred payment date and frequency.



## The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit Allianz Insurance plc will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request Allianz Insurance plc to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit by Allianz Insurance plc or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society - If you receive a refund you are not entitled to, you must pay it back when Allianz Insurance plc asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

# Premium Instalment Plan

## B. Business Application

For private use see overleaf.

Please note that the applicant(s) and bank account holder(s) must be the same.

(Please use BLOCK CAPITALS) Completion of all areas marked with an \* is mandatory, and failure to provide the information may result in your application being declined

### Allianz Use Only

Agreement No.

Agent's Account No.

Start Date

The acceptance of this Instalment Application and any proposal for insurance is at the Company's discretion

\* Business/Company Name

\* Business Address

\* Postcode

\* Company Registration No.

\* Business Tel. No.

\* Contact Name

Fax No.

Email Address

\* Date Business Formed

\* Type of Business

### If you are not a limited company please show names and addresses of partners

1. Surname

First Name

Title

Address

Postcode

2. Surname

First Name

Title

Address

Postcode

Are you an existing Allianz client? Yes  No

Please place an X in the boxes below for those policies where you are not the insured

Type of Insurance

Policy Nos (where known)

Commencement/  
Renewal Date

Not the  
insured

Premium

£

\* I would like to pay the deposit: (please tick as appropriate) By Cheque  or Credit Card

Total Annual Premium

£

\* Monthly deposit 10%

Bi Monthly deposit 20%

Quarterly deposit 25%

Deposit

£

\* Please specify your choice of payment date

(Not available on quarterly repayments)

Please provide a deposit payable to Allianz Insurance plc, for the appropriate deposit amount, otherwise this will be collected by Direct Debit.

### Declaration

I/We wish to pay the premiums for these insurances by instalments, and authorise you to make any enquiries in connection with this Application. Please send me/us a Credit Agreement to sign which will incorporate the Terms and Conditions which I/we have read. I am/We are at least 18 years of age. I/We understand that Insurers share information with each other, credit reference agencies and other information agencies with regard to credit agreements, policies and claims, primarily to help assess risks, handle claims and prevent fraud. I/We consent to this.

\* Date

\* Authorised Signature

\* Print Name

### Data Protection Act

We may use the personal and business details you have given us or which are supplied by third parties including any details of directors, officers, partners and employees to provide you with a quotation; deal with your policy; to search credit reference and fraud agencies who may keep a record of the search; to share with other insurance organisations to help offset risks, to help administer your policy and to handle claims and prevent fraud; to support the development of our business by including your details in customer surveys, and for market research and compliance business reviews which may be carried out by third parties acting on our behalf. You agreed when you applied for the policy that your directors, officers, partners, and employees have consented to our using their details in this way. We may need to collect data relating to 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 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 us and that this fact is made known to the insured persons. We may share your details with other companies within the Allianz group of companies or pass them to third parties so that we may tell you by telephone, email or post of products and services which we think may be of interest to you. If you do not want to know about these products and services, please write to: Customer Satisfaction Manager, Allianz Insurance plc, 57 Ladymead, Guildford, Surrey, GU1 1DB to let us know. Your details will not be kept for longer than is necessary. Under the Data Protection Act 1998 individuals are entitled to a copy of all the personal information Allianz Insurance plc holds about them. Please contact the Customer Satisfaction Manager at the address above. 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.



## Instruction to your bank or building society to pay Direct Debits.

Please fill in the whole form with a ballpoint pen and send to Allianz Insurance plc.



Name and full postal address of your bank or building society

\* To: The Manager

Bank/building society

Address

Postcode

\* Name(s) of account holder(s)

\* Bank / building society account no.

\* Branch sort code

Reference

Service user number

9 2 0 0 4 3

FOR ALLIANZ INSURANCE PLC – OFFICIAL USE ONLY

This is not part of the instruction to your bank or building society

### Instruction to your bank or building society

Please pay Allianz Insurance plc Direct Debits from the account detailed in this Instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this instruction may remain with Allianz Insurance plc and, if so, details will be passed electronically to my bank/building society.

\* Signature(s)

\* Date

Banks and building societies may not accept Direct Debit Instructions for some types of account

Allianz Insurance plc. Registered in England number 84638. Registered Office: 57 Ladymead, Guildford, Surrey GU1 1DB

If paying the deposit by Credit Card please fill in all the following boxes in BLOCK CAPITALS.

Paying by debit or credit card

Cardholder's name

Card number

Expiry date of card

Please charge my card with £

Card holder's signature

Date

Office use only Authorisation Number



# Premium Instalment Plan

## A. Individual Application

For businesses see overleaf.

Please note that the applicant(s) and bank account holder(s) must be the same.  
(Please use BLOCK CAPITALS) I AM OVER 18

Completion of all areas marked with an \* is mandatory, and failure to provide the information may result in your application being declined

\* Surname  \* Title

\* First Names

\* Address  \* Postcode

\* Tel. No. (Home)  (Business)  Mobile

Fax No.  Email Address

\* Occupation/Trade  Tenant  Owner

\* Date of Birth  Marital Status  Maiden Name

If you have lived at your current address for less than 3 years please show your previous address

\* Address  \* Postcode

Are you an existing Allianz client? Yes  No  **Please place an X in the boxes below for those policies where you are not the insured**

Type of Insurance	Policy Nos (where known)	Commencement/ Renewal Date	Not the insured	Premium
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>

\* I would like to pay the deposit: (please tick as appropriate) By Cheque  or Credit Card  Total Annual Premium £

\* Monthly deposit 10%  Bi Monthly deposit 20%  Quarterly deposit 25%  Deposit £

\* Please specify your choice of payment date  Please provide a deposit payable to **Allianz Insurance plc**, for the appropriate deposit amount, otherwise this will be collected by Direct Debit.  
(Not available on quarterly repayments)

### Declaration

I/We wish to pay the premiums for these insurances by instalments, and authorise you to make any enquiries in connection with this Application. Please send me/us a Credit Agreement to sign which will incorporate the Terms and Conditions which I/we have read. I am/We are at least 18 years of age. I/We understand that Insurers share information with each other, credit reference agencies and other information agencies with regard to credit agreements, policies and claims, primarily to help assess risks, handle claims and prevent fraud. I/We consent to this.

\* Date  \* Authorised Signature  \* Print Name

### Data Protection Act

We may use the personal and business details you have given us or which are supplied by third parties including any details of directors, officers, partners and employees to provide you with a quotation; deal with your policy; to search credit reference and fraud agencies who may keep a record of the search; to share with other insurance organisations to help offset risks, to help administer your policy and to handle claims and prevent fraud; to support the development of our business by including your details in customer surveys, and for market research and compliance business reviews which may be carried out by third parties acting on our behalf. You agreed when you applied for the policy that your directors, officers, partners, and employees have consented to our using their details in this way. We may need to collect data relating to 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 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 us and that this fact is made known to the insured persons. We may share your details with other companies within the Allianz group of companies or pass them to third parties so that we may tell you by telephone, email or post of products and services which we think may be of interest to you. If you do not want to know about these products and services, please write to: Customer Satisfaction Manager, Allianz Insurance plc, 57 Ladymead, Guildford, Surrey, GU1 1DB to let us know. Your details will not be kept for longer than is necessary. Under the Data Protection Act 1998 individuals are entitled to a copy of all the personal information Allianz Insurance plc holds about them. Please contact the Customer Satisfaction Manager at the address above. 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.

### Allianz Use Only

Agreement No.

Agent's Account No.

Start Date

The acceptance of this Instalment Application and any proposal for insurance is at the Company's discretion



## Instruction to your bank or building society to pay Direct Debits.

Please fill in the whole form with a ballpoint pen and send to Allianz Insurance plc.



Name and full postal address of your bank or building society

\* To: The Manager

Bank/building society

Address  Postcode

\* Name(s) of account holder(s)

\* Bank / building society account no.

\* Branch sort code

Reference

Service user number  9 2 0 0 4 3

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This is not part of the instruction to your bank or building society

### Instruction to your bank or building society

Please pay **Allianz Insurance plc** Direct Debits from the account detailed in this Instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this instruction may remain with Allianz Insurance plc and, if so, details will be passed electronically to my bank/building society.

\* Signature(s)

\* Date

Banks and building societies may not accept Direct Debit Instructions for some types of account  
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If paying the deposit by Credit Card please fill in all the following boxes in BLOCK CAPITALS.



Paying by debit or credit card Cardholder's name

Card number  Expiry date of card

Please charge my card with £  Card holder's signature  Date

Office use only Authorisation Number

[www.allianz.co.uk](http://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 and regulated by the Financial Services Authority and this can be checked by visiting the FSA's website at [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) or by contacting the FSA on 0845 606 1234. Our registration number is 121849.