

Allianz Insurance plc

Motor Trade **Select** and **Headlight**

Proposal



Allianz 

Covers Required

Please indicate if cover required

Please complete all questions of the relevant sections on the following pages.

Pages 2, 3, 19-20 must be completed in all circumstances

A copy of the policy is available on request

Agent

Material Damage

Yes

No

(See Pages 4–7)

Motor Vehicle Road Risks

Yes

No

(See Pages 8–10)

Mot – Loss of Licence Cover

Yes

No

(See Page 11)

Engineering

Yes

No

(See Page 12)

Public and Products Liability

Yes

No

(See Page 13)

Employers liability

Yes

No

(See Page 13)

Business Interruption

Yes

No

(See Page 14)

Conversion

Yes

No

(See Page 14)

Fidelity Guarantee

Yes

No

(See Page 14)

Commercial Legal Expenses

Yes

No

(See Pages 15–16)

Personal Accident

Yes

No

(See Page 17)

Directors & Officers Liability

Yes

No

(See Pages 17–18)

Other covers such as Professional Indemnity, Group Personal Accident and Sickness, Annual Business Travel and Environmental Impairment Liability may also be available to you. Please contact your broker/agent for further details.

Business Speciality

Indicate the extent of your specialisation in the types of vehicles referred to under the categories **a** to **e** below and vehicles you specify under category **f** by reference to the key below: **A = your normal area of trade** **B = several times per quarter** **C = rarely, if at all**

	(A, B, or C)
a motor cars and light goods vehicles	<input type="checkbox"/>
b heavy goods vehicles	<input type="checkbox"/>
c motorcycles	<input type="checkbox"/>
d buses, coaches and other vehicles designed to carry more than 8 people	<input type="checkbox"/>
e agricultural machinery or mobile plant	<input type="checkbox"/>
f other - specify: <input type="text"/>	<input type="checkbox"/>

Are vehicles sold? Yes No

If 'Yes' are you a franchised dealer? Yes No

If 'Yes' what franchises do you hold:

Give details of the main makes and models and types of vehicles sold and/or worked upon:

Does the value of any motor car owned or used by the business exceed £100,000? Yes No

If 'Yes'

Give details on Page 9 (Question 6c)

Do you import or sell vehicles that have not been type approved to British or European standards (Grey Imports)? Yes No

If 'Yes' please provide details below

Do you carry out work away from your premises other than vehicle recovery or delivery? Yes No

If 'Yes'

Please provide details below

Material Damage

Premises (a)

Premises (b)

1 Are your premises built only of brick, stone, concrete, concrete block or uninsulated metal cladding with slate or tile supported by timber framing, metal, asbestos or concrete roof?

Yes

No

Yes

No

If 'No', please provide details below

2 Are you the sole occupant of your premises?

Yes

No

Yes

No

If 'No', please provide details of the other occupants' trades

3 Are any parts of the premises unoccupied?

Yes

No

Yes

No

If 'Yes', please provide details

4 Do you use portable gas/oil heaters at your premises?

Yes

No

Yes

No

If 'Yes', please state number and type of heaters used

5 Is an intruder alarm installed at the premises?

Yes

No

Yes

No

If 'Yes', please provide details below

a Alarm manufacturer

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b is the alarm maintained under contract?

Yes

No

Yes

No

c is the maintenance company NSI/SSAIB approved?

Yes

No

Yes

No

d what is the maintenance company name?

--

--

e what is the signalling method?

--

--

f does the alarm have police response?

Yes

No

Yes

No

If 'Yes' what level?

--

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6 Is a propriety key cabinet installed at the premises and secured to the fabric of the building? Yes No Yes No

a When the vehicles are left unattended, are the keys and locking devices removed from all vehicles on the premises during business hours and kept in a secure location? Yes No Yes No

b Are the keys and locking devices removed from the premises outside business hours or locked in an approved safe or a propriety key cabinet? Yes No Yes No

7 Do you require subsidence, ground heave or landslip cover? Yes No Yes No

If 'Yes', please complete the following questions

a Do the buildings at the premises or neighbouring buildings show any evidence of damage from subsidence, ground heave or landslip (such as cracking or bulging of walls)? Yes No Yes No

b Have the buildings been erected on made up ground (such as filled pits, rubbish tips and the like)? Yes No Yes No

c Is there a history of subsidence or ground heave or landslip in the area? Yes No Yes No

8 Do you want us to quote for Terrorism Cover? Yes No

9 Do you require rectification cover? *Only complete if you are a RMI member* Yes No

Material Damage – Sums Insured

1 Basis of cover

Choose the basis of cover required: with sums insured without sums insured

Some risks may not qualify for the "without sums insured" cover basis. Risks such as classic / veteran car dealers would fall into this category.

Buildings, tenants improvements and contents are insured on a reinstatement basis. Stock and vehicles are insured on an indemnity basis.

If you elect for a "without sums insured" option there are no restrictions (apart from inner limits or additions to the property insured) nor any limit to the effects of inflation on losses.

You must notify us if your floor space increases by more than 10%.

Sums Insured

The Sum Insured selected must represent the full cost of reinstatement of the property to be insured at the commencement of the period of insurance without adjustment for the effects of any subsequent inflation upon such cost.

Allowance should be made for Architect's, Surveyors' and Consultants' fees and other additional costs involved in reinstatement as a result of the need to comply with Public Authority requirements and the cost of Debris Removal.

2 Property Insured

	Premises (a)	Premises (b)
a Buildings (Declared Value)	£ <input type="text"/>	£ <input type="text"/>
Buildings: Include Landlord's fixtures and fittings, outbuildings, fixed glass, kiosks, canopies, fixed signs, walls, wind turbines, solar panels (attached to buildings), gates, fences, roads, car parks, yards, paved areas, footpaths and any main services for which you are responsible.		
b Tenants Improvements	£ <input type="text"/>	£ <input type="text"/>
c Loss of Rent receivable / payable	£ <input type="text"/>	£ <input type="text"/>
Number of months	<input type="text"/>	<input type="text"/>
d Is Index Linking required for Buildings, Tenants Improvements and All other Property?		Yes <input type="checkbox"/> No <input type="checkbox"/>

Material Damage – Sums Insured continued

3 Stock (excluding vehicles)

£ £

Include spare parts, fuel and oil stocks and materials in trade belonging to you or for which you are responsible.

4 All other Property

£ £

Include fuel pumps, underground tanks and associated pipes and cables, machinery, plant and tools, office furniture, equipment and records.

5 Vehicles

£ £

a What is the percentage value of vehicles on your premises overnight

i Inside the buildings % %

ii In an enclosed and secure area outside the buildings % %

iii Elsewhere in the open % %

b What seasonal increases are required in connection with your vehicle sum insured?

month(s) % %

month(s) % %

c Do you wish to apply for a premium discount, in return for ensuring that all unattended motor vehicles are always locked and the keys removed?

Yes No

6 Property Limits

These are inner limits within the sums insured specified by questions 3,4 and 5 and the value of the property specified under the property limits must be included within those sums insured.

e.g. If the portable hand tools are valued at £8,000 and the remaining contents are valued at £20,000 then the All other Property is £28,000 and the £10,000 portable hand tools limit is adequate. If alternatively the portable hand tools are valued at £15,000 then the All other Property sum insured would be £35,000 and the portable hand tools limit requires increasing from £10,000 to £15,000.

State the limits you require if the amounts stated against the property defined below are insufficient:

a £10,000 portable hand tools £ £

b £10,000 for any stock of in vehicle entertainment equipment (whether or not contained in vehicles), MP3 players and mobile phones £ £

c £15,000 for any property whilst in transit £ £

d £10,000 exhibition cover £ £

e £2,500 for any stock of cigarettes, tobacco, CDs, DVDs, wines & spirits & clothing £ £

f £5,000 for the contents of customers vehicles and personal property in any other vehicle, whilst in your custody or control £ £

g £1,000 for deterioration of goods £ £

7 Money Limits

Negotiable money includes:

Cash, bank and currency notes, uncrossed cheques, giro cheques including pre-authenticated giro cheques, uncrossed warrants, uncrossed postal and money orders, current postage and revenue stamps, National Savings stamps and certificates, holiday with pay stamps and gift tokens, National Insurance stamps (whether affixed to cards or not), debit card sales vouchers, trading stamps, luncheon vouchers and bills of exchange, security for money travel warrants and authenticated travel tickets and phone cards for use by You or any partner, director or employee of You in connection with The Business, consumer redemption vouchers and company sales vouchers, and unexpired units in franking machines.

a What limits do you require in respect of negotiable money?

- i** On the premises during business hours or in transit or in a bank night safe?

£ £

- ii** In a locked safe(s) as specified

Make	<input type="text"/>	Make	<input type="text"/>
Model	<input type="text"/>	Model	<input type="text"/>
Limit £	<input type="text"/>	Limit £	<input type="text"/>

- iii** Unused tax discs during business hours

£ £

- iv** Unused tax discs in a locked safe(s)

Make	<input type="text"/>	Make	<input type="text"/>
Model	<input type="text"/>	Model	<input type="text"/>
Limit £	<input type="text"/>	Limit £	<input type="text"/>

- b** Do you require an increase in the amount of benefit payable under the Personal Accident Assault cover?
(refer to the policy wording for standard limits)

Yes No

Motor Vehicle Road Risks

Basis of Cover

1 Indicate the basis of cover required: Comprehensive TPF&T TPO Partial Comprehensive

Premises

2 State the licence numbers of all trade plates

Premises (a)

Premises (b)

Business Use Vehicles

3 State the number and (where indicated) carrying capacity of the following types of vehicle owned by the business and licensed for road use

a Recovery Vehicles

- i capable of transporting 1 vehicle
- ii capable of transporting 2 vehicles
- iii capable of transporting more than 2 vehicles -
state the number of vehicles which each can transport

b Passenger carriers with more than 8 seats

c All other vehicles

Loan or Hire

4 What is the maximum number of vehicles that may be used for loan or hire to customers leaving their own vehicle for warranty work, service or repair -

- a Where customers' Insurers provide cover?
- b To be insured under this policy?

Drivers

5 State the maximum number of persons who may drive on business

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Private Use

6 Do you require cover to be extended to include social, domestic and pleasure use? Yes No

If 'Yes',

a How many of the following types of vehicle may be used for this purpose?

- i Motor cars
state the makes of motor cars normally used

- ii Commercial vehicles up to 2 tonnes plated weight
- iii Commercial vehicles over 2 tonnes but not exceeding 7.5 tonnes plated weight
- iv Motorcycles
- v Any other

Give details of any other

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Private Use Continued

b State the maximum number of persons who may be permitted to drive for pleasure use?

i Aged 17 to 20	<input type="text"/>	<input type="text"/>
ii Aged 21 to 24	<input type="text"/>	<input type="text"/>
iii Aged 17 to 20 using a motorcycle	<input type="text"/>	<input type="text"/>
iv Aged 21 to 24 using a motorcycle	<input type="text"/>	<input type="text"/>

c Do you have any motorcycles over 500 cc or motor car(s) Group 29 or over, or are valued in excess of £50,000? **Yes** **No** **Yes** **No**

If 'Yes', provide Make, Model, Age and Value of each vehicle

If you are unsure as to the group rating of a vehicle, your Broker or Allianz will provide assistance as necessary.

Vehicle

Vehicle

Vehicle

7 Do you wish to insure any vehicles not owned or registered in your company name, for use other than in connection with the business? **Yes** **No**

If 'Yes', provide Make, Model, Registration Number and Value of each Vehicle and details of the owner and registered keeper

Modification to Vehicles

8 Has any vehicle been tuned or modified to increase its performance? **Yes** **No**

If 'Yes', give details below

Road Traffic Offences / Health

9 Have you or any person who may drive vehicles with your authority:

a In the past 5 years been convicted of any motor offences coded AC, BA, DD, UT, XX, IN, DR, CD40–CD71, MS50, TT99 (Disqualification), NE99 (Disqualification) or any offences or combination of offences resulting in a disqualification from driving or has a prosecution pending in respect of any of these offences or where their points accumulation exceeds 6.

Convictions spent under the terms of the Rehabilitation of Offenders Act 1974 or any subsequent amendments, should not be disclosed.

Name	Age	Date	Penalty	Circumstances

Motor Vehicle Road Risk continued

Road Traffic Offences / Health (continued)

- b Do you or any person likely to drive vehicles with your authority have any disease or physical infirmity which impairs their ability to drive?. If 'Yes', Give details including terms or restrictions imposed on their licence by DVLA.**

Name	Age	Details

Named Driver Basis

- 10 Do you wish driving or cover to be restricted to named persons?** Yes No

If 'Yes', State the names of the persons concerned

A discount will be offered if driving or cover is restricted to named persons.

This discount is available for a maximum of 3 drivers and only when a driving restriction is not a compulsory feature.

Person A
Person B
Person C

- 11 Indicate the number of motor certificates required**

Unaccompanied Demonstration

- 12 Do you wish to include Unaccompanied Demonstration (subject to acceptance criteria)?** Yes No

The Fourth EU Motor Insurance Directive

The Fourth EU Motor Insurance Directive is designed to improve the claims process for EU citizens who are involved in motor accidents in other EU member countries.

The principle requirement is that a claimant should be able to identify the relevant insurer from the Vehicle Registration Mark. This may also help to combat uninsured driving.

In the UK this legislative requirement is met by the 'Motor Insurance Database' (MID) which has been designed to provide a record of all insured motor vehicles registered for use on the road.

- Do you currently comply with the present UK legislative requirements in respect of supplying vehicle data?** Yes No

If 'No', please provide details

We require any additions or vehicle alterations to be notified within five working days of any changes taking place. Various notification methods are available. Please indicate your preferred method from the choices below: Submission of vehicle details to Allianz (either directly or via your broker)

- a Allianz website (this is the preferred method)** **b Fax**
c Post **d Email**

Or, submission of vehicle information directly to the MID by

- e Manual entry** **f Attended File Transfer Protocol**
g Unattended File Transfer Protocol

If you would like any clarification about the above mentioned transmission methods contact our **Helpline on 0845 0731118** (open 8am–6pm Monday to Friday) or visit our MID website at www.allianzmid.co.uk

Please also provide: Contact Name:

Contact Tel. No: Contact Email Address:

MOT – Loss of Licence Cover

	Premises (a)	Premises (b)
1 Vehicle Testing Station Number:	<input type="text"/>	<input type="text"/>
2 What was your MOT test fee income over the past 12 months	£ <input type="text"/>	£ <input type="text"/>
3 What do you anticipate your MOT test fee income will be over the next 12 months?	£ <input type="text"/>	£ <input type="text"/>
4 State the number of MOT bays you operate at the premises	<input type="text"/>	<input type="text"/>
5 Approximately how many MOT tests do you carry out annually?		
a for Private Customers?	<input type="text"/>	<input type="text"/>
b for Motor Trade Customers?	<input type="text"/>	<input type="text"/>
6 Have you ever had, or are you currently under threat of suspension, cessation or withdrawal of your MOT Testing Station Licence?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', give dates and details below of all such warnings and notices.		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
7 Other than covered by question 6, have you or any of your Nominated Testers received any Penalty Points issued under the Vehicle and Operators Services Agency disciplinary system?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', give details of all such warnings below.		
<input type="text"/>		
<input type="text"/>		
8 Other than covered by question 6, have you or any of your Nominated Testers received any Formal Warnings issued under the Vehicle and Operators Services Agency disciplinary system?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', give dates and details of all such warnings below.		
<input type="text"/>		
<input type="text"/>		
9 Have you or any of your Nominated Testers voluntarily attended Vehicle and Operators Services Agency Training Courses during the last five years?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', give dates and details below.		
<input type="text"/>		
<input type="text"/>		
10 How long have you been conducting MOT tests?	<input type="text"/>	
11 What are your normal business hours during which MOT tests are carried out?	<input type="text"/>	
12 What indemnity period is required?	12 months <input type="checkbox"/>	24 months <input type="checkbox"/>

Engineering (Please complete page 12 if you require periodic examinations of specific plant or insurance cover.)

The services and cover under this Section are provided by Allianz Engineering, a UKAS accredited fully independent examination authority meeting the requirements of BS EN 45004 Quality Standard.

1 Fragmentation

- a Specify all plant to be inspected indicating the category of inspection required by reference to the key below:

For any Passenger Goods / Car Lifts specified, please indicate the number of floors served.

Examination services will be based on the list or schedules of plant provided. The periodicity of examinations will be in accordance with SAFed guidelines unless risk evaluation by clients or a competent authority stipulate another periodicity.

If you require more specific examinations, indicate your requirements by adding the number of examinations required to the "Key" code, for example CR3.

P = Pressure EM = Electrical / Mechanical CR = Cranes / Lifting

Schedule of Plant (excluding Fuel Pumps)	Power/Load (kw/tones)	P, EM or CR	Premises A Number	Premises B Number

2 Breakdown

Is cover required against the risk of breakdown of plant? Yes No

3 Cost of Hiring / Increased Costs

Is cover required against the need to hire replacement plant or otherwise complete work at increased costs following the breakdown of plant? Yes No

This cover is only available if cover extends to include Breakdown (question 2).

COSHH Regulations

The Control of Substances Hazardous to Health Regulations 1988 extend the scope of examination and the range of ventilating plant requiring inspection. Spray booths and similar extraction plant may require inspection under COSHH.

Do you require further information? Yes No

PUWER 98 & LOLER

These regulations place strict requirements on employers to consider the hazards and reduce risks connected with use of work and lifting equipment. They also introduce additional examination requirements that may not be covered under existing examination programmes.

If you would like a copy of our "Solutions for Compliance PUWER 98 & LOLER" booklet, please indicate Yes No

Public / Products Liability

Complete this Section

1 The standard limit of indemnity is £2 million

Please indicate if an alternative limit is required £5 million £10 million Other

2 Please state estimated annual turnover for the coming year from

Note:

Payments mean total gross remuneration for work done for you including gross wages, salaries and all other earnings and allowances (before deduction)

- | | | | |
|---|---------------------------------------------------------|---|----------------------|
| a | Vehicle sales (including trailers and the like) | £ | <input type="text"/> |
| b | Fuel/oil and sundries | £ | <input type="text"/> |
| c | Work involving heat application away from your premises | £ | <input type="text"/> |
| d | Breakdown and recovery operations | £ | <input type="text"/> |
| e | All other business | £ | <input type="text"/> |

3 The standard limit of indemnity for Products Financial Loss cover is £250,000

Please indicate if a higher limit is required £

4 Do you:

- | | | | |
|---|----------------------------------|------------------------------|-----------------------------|
| a | Design or manufacture any goods? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b | Export any goods? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If 'Yes', provide details where to:

- | | | | |
|---|---------------------------------------------|------------------------------|-----------------------------|
| c | Undertake manual work in foreign countries? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|---------------------------------------------|------------------------------|-----------------------------|

If 'Yes', supplementary information may be requested.

- | | | | |
|---|--------------------------------------------|------------------------------|-----------------------------|
| d | Import any goods (including grey imports)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|--------------------------------------------|------------------------------|-----------------------------|

If 'Yes', to grey imports, will all such imports have Single Vehicle Approval (SVA)?

Yes No

If 'No', please provide full details below:

Employers Liability

Only complete the following questions if you require Employers Liability cover

5 The standard limit of indemnity is £10 million

Please indicate if a higher limit is required £

6 Please give estimated total payments to employees including labour only sub-contractors for the next 12 months for:

- | | | | |
|---|---------------------------------------------------------------------------------------------------|---|----------------------|
| a | Clerical staff, commercial travellers and managerial employees who do not engage in manual labour | £ | <input type="text"/> |
| b | Woodworking, power press, guillotine and sheet metal machinery operators and their helpers | £ | <input type="text"/> |
| c | Breakdown and recovery operations | £ | <input type="text"/> |
| d | All other manual employees | £ | <input type="text"/> |

7 Total number of employees

Note:

Employees include:

Persons under a contract of service or apprenticeship

Self-employed or labour only sub-contractors and persons supplied by them

Persons undergoing work experience

Persons hired or borrowed

Business Interruption (Please complete page 16 if you require this cover)

1 The standard Indemnity Period is 12 months, please indicate if you wish to extend the period to: 18 months 24 months 36 months

2 What is the total Annual Gross Profit of the business (across all locations) £

Gross Profit is defined as the Turnover (adjusted for the difference in values of stock and work in progress held at the beginning and end of the financial year) less Specified Working Expenses.

Specified working expenses are: Purchases, Carriage, freight and packing, Discounts allowed and Bad debts.

WARNING: The amount of Gross Profit determined using this definition may be different from that shown in the Profit and Loss Accounts of your business

3 The standard limit of indemnity for outstanding debit balances is £500,000, please indicate if you wish to increase this amount £

4 Loss of Liquor Licence Sum Insured £

5 Additional Increased Cost of Working Sum Insured £

Additional Cost of Working

- This insurance is for additional expenditure incurred in order to minimise any interruption or interference with the business following loss or damage to your premises and property insured under Material Damage.
- Choice of Indemnity Period

1 The standard Indemnity Period is 12 months, please indicate if you wish to extend the period to: 18 months 24 months 36 months

2 What is the total Additional Cost of Working Sum Insured (across all locations) £

Additional Cost of Working is defined as the additional expenditure necessarily and reasonably incurred by you during the Indemnity Period in order to minimise any interruption or interference with the business in consequence of the damage.

On auditors fees cover is limited to the reasonable charges payable by you to professional accountants for producing any particulars or details contained in your books of account or other business books or documents, or other such proofs, information or evidence as may be required by us, and certifying that such particulars or details are in accordance with your books of account or other business books or documents.

Terrorism

Do you want us to quote for Terrorism Cover for Loss of Gross Profit or Additional Cost of Working? Yes No

Conversion

1 Indicate the Limit of Indemnity required £10,000 £15,000 £20,000 £25,000 Specify

2 State the estimated turnover during the next 12 months for sales of all vehicles £

3 Are you a subscriber to HPI Ltd or Experian Ltd? Yes No

4 Will all payments for vehicles not taken in part exchange be made by cheque, credit card, CHAPS or BACS? Yes No

5 Do you keep accurate records of all purchase transactions for second hand vehicles? Yes No

Fidelity Guarantee

1 Indicate the guarantee Limit of Indemnity required £5,000 £10,000 Specify

2 State the total number of persons employed persons

A Motor Trade Fidelity Guarantee Supplementary Proposal Form must be completed. Cover does not attach until the Supplementary Proposal form has been accepted by Allianz.

Commercial Legal Expenses

The cover and handling of claims under this section are provided by Allianz Legal Protection, part of Allianz Insurance plc.

Please indicate if Commercial Legal Expenses is required **Yes** **No**

If 'Yes', do you require cover for Contract disputes? **Yes** **No**

Proposer Information

1 Does your business' annual turnover (excluding fuel sales) exceed £10,000,000? **Yes** **No**

If 'Yes', please confirm your annual turnover £

Please Note: cover provided by this Section is 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 employee's contracts of employment? **Yes** **No**

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

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**

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**

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

Commercial Legal Expenses continued

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

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

Your Contract Circumstances

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

Yes

No

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?

£

Your Employment Procedures

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

Dismissal & Disciplinary

Yes

No

Grievance

Yes

No

Redundancy

Yes

No

Discrimination

Yes

No

Equal Opportunity

Yes

No

Harassment

Yes

No

Flexible Working

Yes

No

Absence

Yes

No

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

Yes

No

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

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

Yes

No

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

Your Health & Safety Circumstances

15 Do you have a Health and Safety Policy Statement?

Yes

No

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

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

Yes

No

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?

Yes

No

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

Personal Accident

1 Is Personal Accident cover required? Yes No

2 Category of Insured Person

	Cover required	Total Number of Staff
Proprietors, Partners and Directors	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Employees	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Clerical staff, commercial travellers and managerial employees who do not engage in manual labour.		<input type="text"/>
All other employees		<input type="text"/>

3 Please insert the benefits required

Proprietors, Directors and Partners	<input type="text"/>	Maximum of 10 units
Employees	<input type="text"/>	Maximum of 4 units

4 In respect of Proprietors, Directors and Partners, is cover required on a 24 hour basis? Yes No

Directors & Officers Liability

1 Is your business registered in the United Kingdom? Yes No

2 Is your business privately owned and not listed on any stock exchange? Yes No

3 Have you been in operation for more than 24 months? Yes No

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

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? Yes No

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? Yes No

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

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? Yes No

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

7 Have you reported a net loss within the last two financial years? Yes No

8 Have you had any claims made against any Director or Officer or your company in the past three years? Yes No

If '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

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

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

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

If 'Yes', please confirm that

15.1 all your employees are employed in the United Kingdom

Yes No

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

Yes No

If 'No', please state number of employees

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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.

Yes No

General Questions

1 Have you ever previously been insured in respect of the risks proposed?

Yes

No

If 'Yes', please provide the name of your last Insurer and policy number(s)

2 Has any insurer ever

a Declined to insure you?

Yes

No

b Cancelled or declined to renew any of your insurances?

Yes

No

c Imposed special terms?

Yes

No

If 'Yes' to a, b and c above, please provide details

3 Have you or any director or partner ever been

a Convicted of or charged (but not yet tried) with any criminal offence other than motor driving offences?

NOTE: Convictions spent under the terms of the Rehabilitation of Offenders Act 1974 or any subsequent amendments thereto, should not be disclosed.

Yes

No

b Declared bankrupt or insolvent or entered into an Individual Voluntary Arrangement (IVA)?

Yes

No

c A director or partner of a company that went into liquidation or was dissolved?

Yes

No

d Prosecuted for a breach of any Statute relating to health or safety of employees or others?

Yes

No

e Served with a Prohibition Notice under the Health and Safety at Work Act?

Yes

No

f The subject of a recovery action by HM Revenue and Customs?

Yes

No

g The subject of a County Court judgement made against you?

Yes

No

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

4 Within the last 10 years have You, or any Director or Partner ever traded under a different name?

Yes

No

If 'Yes' – please provide details

General Questions continued

Loss / Claim Experience

5 Have you sustained any losses or made any claims within the last 3 years? Yes No

If 'Yes', please detail any losses or claims incurred by you. A 3 year authenticated experience will be required from your previous Insurer(s).

Important: It is imperative all losses or claims (including losses where you did not make a claim) are detailed, even if subsequently declined by your previous insurers. If insufficient space please attach details on a separate sheet or use the additional information space overleaf.

Year	Details of loss	Cost Paid	Cost Outstanding

Period of cover required

From to noon on

Cover will not commence until we have accepted this proposal or agreed to hold covered

Declaration

- I/We declare that to the best of my/our knowledge and belief
 - the statements and particulars above and in the attached proposals, whether written by me/us or by others on my/our behalf, are true and complete
 - any statement or particulars which have been given separately by me/us or by others on my/our behalf are true and complete
 - I/we have not withheld any material fact.

Material facts are those facts which are likely to influence us in the acceptance or assessment of this proposal and it is essential that you disclose them. If you are in doubt about whether a fact is material, you should disclose it, since failure to do so could invalidate your policy. Please use the additional information section where appropriate
- I/We agree that this client proposal, declaration, the attached proposal(s) and any particulars given separately shall be the basis of the contract between Allianz Insurance plc and myself/ourselves.
- 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.
- 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.
- I/We agree that this proposal and declaration and any information given separately shall be the basis of the contract between Allianz Insurance plc trading as Allianz Legal Protection, and myself/ourselves.
- I/We understand that Allianz Insurance plc and/or Allianz Legal Protection reserve the right to decline any proposal.
- I/We have read the Data Protection Act statement on page 21 of this proposal and consent to data being used for the purposes specified.

Authorised Signature Date Position/Title

Print Name

Important

Your Records

You should keep a record (including copies of letters) of all information supplied to Allianz which relates to this proposal. A copy of this proposal will be supplied on request.

Financial Health Check

In order to reach a decision regarding this risk we may be using a credit reference agency and carrying out a financial health check.

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 whose consent you must obtain to allow us 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.

Information relating to your insurance policy will be added to the Motor Insurance Database ("MID") managed by the Motor Insurers' Bureau ("MIB"). MID and the data stored on it may be used by certain statutory and/or authorised bodies including the Police, the DVLA, the DVANI, the Insurance Fraud Bureau and other bodies permitted by law for purposes not limited to but including :

- I. Electronic Licensing
- II. Continuous Insurance Enforcement;
- III. Law enforcement (prevention, detection, apprehension and or prosecution of offenders)
- IV. The provision of government services and or other services aimed at reducing the level and incidence of uninsured driving.

If you are involved in a road traffic accident (either in the UK, the EEA or certain other territories), insurers and or the MIB may search the MID to obtain relevant information. Persons (including his or her appointed representatives) pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID. It is vital that the MID holds your correct registration number. If it is incorrectly shown on the MID you are at risk of having your vehicle seized by the Police. You can check that your correct registration number details are shown on the MID at www.askmid.com

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.

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 for employers carrying on, or who carried on, business in the UK and who are covered by the employers' liability insurance of their employers, (the "Claimants"):

- to identify which insurer (or insurers) was (or were) providing employers' liability cover during the relevant periods of employment; and
- to identify the relevant employers' liability insurance policies.

The Database and the data stored on it may be accessed and used by the Claimants, their appointed representatives, insurers with potential liability for UK commercial lines employers' liability insurance cover and any other persons or entities permitted by law.

The Database will be managed by the ELTO and further information can be found on the ELTO website www.elto.org.uk

By entering into this insurance policy you will be deemed to specifically consent to the use of your insurance policy data in this way and for these purposes.

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, 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. Persons with a valid claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID.

Personal details provided 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.

Additional Information

Please use this space to provide any further information

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 or by contacting the FSA on 0845 606 1234. Our registration number is 121849.



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