

Allianz Insurance plc

# Complete Motor Trade and Complete 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, 17–18 must be completed in all circumstances

**Material Damage** Yes  No   
(see pages 4–6)

**Motor Vehicle Road Risks** Yes  No   
(see pages 7–10)

**MOT – Loss of Licence Cover** Yes  No   
(see page 11)

**Engineering** Yes  No   
(see page 12)

A copy of the policy is available on request

Agent

**Public and Products Liability** Yes  No   
(see pages 13)

**Employers Liability** Yes  No   
(see pages 13)

**Business Interruption** Yes  No   
(see page 14)

**Fidelity Guarantee** Yes  No   
(see page 14)

**Conversion** Yes  No   
(see page 14)

**Personal Accident** Yes  No   
(see page 15)

**Commercial Legal Expenses**  
(see page 15)

**Directors & Officers Liability** Yes  No   
(See Page 15–16)

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 Details

Please use block letters

Full Name \*

Address   
  
 Postcode

Telephone Number

### Details of risk address if different from above

#### Premises (a)

Address   
  
 Postcode

Telephone Number

#### Premises (b)

Address   
  
 Postcode

Telephone Number

Please note, (a) and (b) will be used to refer to each of your premises throughout this proposal form

If you have more than 2 premises, please complete an additional proposal form

Company Registration Number  Employee Reference Number (ERN)

\*If not a limited company show the full names and addresses of all principals and partners and any trading name. List any subsidiary companies to be insured below, and provide ERN's if different to that shown above.

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

Number of years company has been established

Number of years at risk address (a)  (b)

### Full description of business or trade (include all aspects e.g. body repairs, spraying etc.)

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

Are you a member of the Retail Motor Industry Federation (RMI)? Yes  No

#### If 'Yes'

State membership number

What excess do you require? £350  £500  £1000  above please state

(Please note your choice of excess will apply to the Material Damage section and Motor Vehicle Road Risk section Indemnity 2 – Damage unless otherwise agreed)

## 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: **A = your normal area of trade** **B = several times per quarter** **C = rarely, if at all**

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

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

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

**If 'Yes'**

Give details on Page 8 (Question 7c)

**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

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

**If 'Yes'** – Please provide details below

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# Material Damage

**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?**

	<b>Premises (a)</b>		<b>Premises (b)</b>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If 'No' – Please provide details below


**2 Are you the sole occupant of your premises?**

	<b>Premises (a)</b>		<b>Premises (b)</b>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If 'No' – Please provide details of the other occupants' trades


**3 Are any parts of the premises unoccupied?**

	<b>Premises (a)</b>		<b>Premises (b)</b>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If 'Yes' – Please provide details below


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

	<b>Premises (a)</b>		<b>Premises (b)</b>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If 'Yes' – Please state number and type of heaters used


**5 Is an intruder alarm installed at the premises?**

	<b>Premises (a)</b>		<b>Premises (b)</b>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If 'Yes' – Please provide details below

<b>a</b> Alarm manufacturer		
<b>b</b> is the alarm maintained under contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>c</b> is the maintenance company NSI/SSAIB approved?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>d</b> what is the maintenance company name?	<input type="text"/>	
<b>e</b> what is the signalling method?	<input type="text"/>	
<b>f</b> does the alarm have police response?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If 'Yes' what level?</b>	<input type="text"/>	

**6 Is a propriety key cabinet installed at the premises and secured to the fabric of the building?**

	<b>Premises (a)</b>		<b>Premises (b)</b>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**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?

	<b>Premises (a)</b>		<b>Premises (b)</b>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**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?

	<b>Premises (a)</b>		<b>Premises (b)</b>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

## Material Damage – Sums Insured

### 1 Basis of cover

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

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)
<b>a</b> 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>b</b> Tenants Improvements	£ <input type="text"/>	£ <input type="text"/>
<b>c</b> Loss of Rent receivable/payable	£ <input type="text"/>	£ <input type="text"/>
Number of months	<input type="text"/>	<input type="text"/>

### 3 Stock (excluding vehicles)

	£ <input type="text"/>	£ <input type="text"/>
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**Include spare parts, fuel and oil stocks and materials in trade belonging to you or for which you are responsible.**

### 4 All other Property

	£ <input type="text"/>	£ <input type="text"/>
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**Include fuel pumps, underground tanks and associated pipes and cables, machinery, plant and tools, office furniture, equipment and records.**

### 5 Vehicles

	£ <input type="text"/>	£ <input type="text"/>
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**a** What is the percentage value of vehicles on your premises overnight

<b>i</b> Inside the buildings	<input type="text"/>	%	<input type="text"/>	%
<b>ii</b> In an enclosed and secure area outside the buildings	<input type="text"/>	%	<input type="text"/>	%
<b>iii</b> Elsewhere in the open	<input type="text"/>	%	<input type="text"/>	%

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

month(s)	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	%
month(s)	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	%

## 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:

<b>a</b>	£10,000 portable hand tools	£	<input type="text"/>	£	<input type="text"/>
<b>b</b>	Nil for any stock of in vehicle entertainment equipment (whether or not contained in vehicles), MP3 players and mobile phones	£	<input type="text"/>	£	<input type="text"/>
<b>c</b>	£1,500 for any property whilst in transit	£	<input type="text"/>	£	<input type="text"/>
<b>d</b>	Nil exhibition cover	£	<input type="text"/>	£	<input type="text"/>
<b>e</b>	Nil for any stock of cigarettes, tobacco, CDs, DVDs, wines & spirits & clothing	£	<input type="text"/>	£	<input type="text"/>
<b>f</b>	£1,000 for the contents of customers vehicles and personal property in any other vehicle, whilst in your custody or control	£	<input type="text"/>	£	<input type="text"/>
<b>g</b>	Nil for deterioration of goods	£	<input type="text"/>	£	<input type="text"/>
<b>h</b>	Option to include legal liability for customers loads £50,000 limit?		Yes <input type="checkbox"/>		No <input type="checkbox"/>

## 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?

<b>i</b>	On the premises during business hours or in transit or in a bank night safe?	£	<input type="text"/>	£	<input type="text"/>
<b>ii</b>	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"/>
<b>iii</b>	Unused tax discs during business hours	£	<input type="text"/>	£	<input type="text"/>
<b>iv</b>	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? Yes  No

(refer to the policy wording for standard limits).

# Motor Vehicle Road Risks

## Basis of Cover

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

## Premises

### Premises (a)

### Premises (b)

2 State the licence numbers of all trade plates


## 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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## Unaccompanied Demonstration

6 Do you wish to include Unaccompanied Demonstration (subject to acceptance criteria)?

Yes  No

## Private Use

7 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

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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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## Motor Vehicle Road Risks continued

### Private Use (continued)

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

**i** Aged 17 to 20



**ii** Aged 21 to 24



**iii** Aged 17 to 20 using a motorcycle



**iv** Aged 21 to 24 using a motorcycle



**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

  
  


**8** 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

**9** Has any vehicle been tuned or modified to increase its performance?

Yes

No

If 'Yes' – Give details

  
  


### Road Traffic Offences/Health

**10** 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, CD40–71, 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>





## MOT – Loss of Licence Cover (Please complete if you require this cover)

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

### 1 The standard limit of indemnity is £2 million

Please indicate if an alternative limit is required

£5 million

### 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 | <b>If you wish to include Products Financial Loss please state the limit of indemnity required</b> | £ | <input type="text"/> |

### 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. Please provide details.

  


- |   |  |                              |                             |
|---|--|------------------------------|-----------------------------|
| 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'** – to SVA, please provide full details:

  
  


## 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 <b>employees</b> 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 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 Uninsured Working Expenses.

Uninsured 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 £25,000, 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/Fidelity Guarantee (Please complete if you require this cover)

### 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

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

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

2 State the total number of persons employed  persons

## Personal Accident (Please complete if you require this cover)

**1 Is Personal Accident cover required?** Yes  No

**2 Category of Insured Person**

	Cover required		Total Number of Staff
Proprietors, Directors & Partners	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	Maximum of 10 units	<input type="text"/>
Employees	Maximum of 4 units	<input type="text"/>

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

## 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 **not** required

## 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

## Directors & Officers Liability continued

**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

**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 – 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' to any of the above, please provide details


### Loss/Claim Experience

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

If 'Yes' please detail any losses or claims incurred by you within the last 3 years. 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 insurer(s). If insufficient space please attach details on a separate sheet or use the additional information space overleaf.

Year	Details of loss	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

1 I/We declare that to the best of my/our knowledge and belief

- a 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
- b any statement or particulars which have been given separately by me/us or by others on my/our behalf are true and complete
- c 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**

- 2 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.
- 3 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.
- 4 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.
- 5 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.
- 6 I/We understand that Allianz Insurance plc and/or Allianz Legal Protection reserve the right to decline any proposal.
- 7 I/We have read the Data Protection Act statement on page 19 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](http://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](http://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.

**[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](http://www.fsa.gov.uk) or by contacting the FSA on 0845 606 1234. Our registration number is 121849.



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