

Allianz Insurance plc

Residents' Associations Directors & Officers Liability **Select**

Proposal



Allianz 

Introduction

Thank you for choosing Allianz Insurance plc. We are one of the largest general insurers in the UK and part of the Allianz Group, one of the world's foremost financial services providers.

With Allianz Insurance plc, you can be confident that you're insured by a company which is relentless in its commitment to protecting and serving you. You can trust us to insure your business, as we have been providing leading insurance solutions in the UK for over 100 years.

We work in partnership with your insurance adviser to ensure you receive the highest levels of product and service excellence. Our technical experts understand how best to protect you against the risks your business faces.

If you need to make a claim you will be in safe hands. Our professionally trained staff aim to treat you, as you would expect, both promptly and fairly. By listening to you, and understanding your needs we will provide you with the most appropriate solutions to get your business trading again as quickly as possible.

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

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

Important Notes – Please read before completing this Proposal Form:

- a** A director or officer of the Association or Company must complete the proposal and make all the necessary enquires of their fellow directors or officers
- b** Wherever we ask questions on this Proposal Form and Declaration about you or your Association or Company, we mean any directors or officers or any former directors or officers of any Association or Company for which cover is required
- c** Please answer every question fully. If you do not have enough space attach separate sheets with information which can be incorporated into your proposal
- d** Please complete in ink using BLOCK CAPITALS, and tick boxes as appropriate
- e** Sign and date the Declaration and state your authority to sign e.g. position held.

General Details

1 Name of the Association or Company to be insured

2 Your postal address

3 Address of residential properties (if different from above)

4 Is your Association or Company registered in the United Kingdom?

Yes No

5 Have you been in operation for more than 24 months?

Yes No

If 'No', to questions 4 or 5 above please provide details

6 Is the Association or Company a non-profit making organisation?

Yes No

Please provide a full description of all activities undertaken by the Association or Company

7 Please state the total number of

Flats/Houses

8 What was your annual income/turnover at the at the last financial year end?

£

9a Is your organisation a private company?

Yes No

If 'No', please go to question 9b

If 'Yes', have you reported a net loss (that is a loss after tax) with in the last two financial years?

Yes No

If 'Yes', please provide full details

9b Is your organisation non-profit making?

Yes No

If 'Yes', have you made a surplus (that is your income was greater than your expenditure) within the last two financial years? Yes No

If 'No', please provide full details

10 Are you responsible for arranging the buildings' and/or property owners' insurance for the residential properties?

Yes No

If 'Yes', is such insurance currently in force and will uninterrupted cover be maintained in the future?

Yes No

11 Does the Association or Company hold any of the residents monies and/or assets?

Yes No

If 'Yes', please provide details

12 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', please provide details

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

13 Please state the limit of indemnity you require £

14 Entity Cover

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

Note that Entity Cover automatically excludes Employment Practice Cover

If you do not wish to have Entity cover please tick

15 Entity Employment Practice Cover

If you have Company Entity Cover it can be extended to include Entity Employment Practice Cover. A standard sub-limit of £50,000 and a deductible of £5,000 will apply.

Is 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 the 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 Association or 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 5 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

Declaration

- 1 I/We warrant to the best of my/our knowledge and belief that all the information contained in this Proposal is true and includes all material facts*.
- 2 I/We further warrant that if information supplied herein changes between the date of this Proposal and inception date of this cover I/We will immediately notify the Insurer of such change and accept that in such circumstances the quotation may be modified or withdrawn.
- 3 I/We agree that this proposal and declaration and any information given separately shall be the basis of the contract between Allianz Insurance plc (Allianz) and myself/ourselves.
- 4 I/We agree to accept Allianz's standard form of policy for this type of insurance.
- 5 I/We understand that Allianz reserves the right to decline any proposal.
- 6 I/We have read the Data Protection Act statement on page 5 of this proposal and consent to data being used for the purposes specified.

Authorised signature

Position in company

Date

Important

*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.

Your records

You should keep a record (including copies of letters) of all information you supply to Allianz about this Proposal.

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.

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 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.

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. Our registration number is 121849. This can be checked by visiting the FSA website at www.fsa.gov.uk or by contacting the FSA on 0845 606 1234.



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