

Select

# Property Owners

Proposal

Allianz Insurance plc | Commercial

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 Property Owners Select policy.

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

## Business & General Details

**1** Please state name of the proposer including full trading name

**A** If you are a limited company, please show your Company Registration Number, otherwise please show full names and addresses of all principals and partners and any trading name.

**B** If you have any subsidiary companies please show their names and addresses

**C** Have you ever traded under a different name?

Yes

No

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

**2** Please state your Registered Postal Address

Note: please complete Appendix A in respect of premises to be insured

Postcode

Tel No

**3** Please state the date your business started

**4** Please specify the date you require this insurance to commence

**5** Please give a full description of your business and activities

**6** Do you occupy any of the premises to be insured?

If Yes, please detail in Appendix A

Yes

No

# Property Damage

## 1 Cover Options

Is cover required for All Risks? Yes  No

or

Is cover required for Specified Events? Yes  No

If Yes, for Specified Events please tick boxes to indicate cover required

Fire, Lightning, Explosion, Aircraft, Riot and Civil Commotion or Malicious Persons, Earthquake or Subterranean Fire

Storm or tempest

Flood

Escape of water from any tank apparatus or pipe

Impact

Sprinkler leakage

Accidental Damage

Theft

Subsidence

Escape of oil from any fixed heating installation

2 Please provide totals to be insured in respect of: Sum Insured

**A** Buildings (Declared value) £

This should include landlord's fixtures and fittings, fixed glass fixed sanitaryware, tenants' improvements for which you are responsible, furnishings and other contents of common parts of the buildings, building management and security systems, gangways, pedestrian malls and pedestrian access bridges, walls gates fences and underground services, fuel tanks, car parks, roads, pavements, forecourts, tennis courts, landscaping (including trees shrubs plants turf and other forms of vegetation) including garden furniture street furniture ornaments and statues.

Note that the Declared Value of such buildings should represent the rebuilding cost of the property at the time of completing the proposal form together with the cost of professional fees, debris removal costs and any extra costs which may be incurred in complying with known local authority requirements.

Note if there is more than one premises to be insured, then please provide details of the sums insured for each premises in Appendix A.

**B** Contents (Declared Value) £

This should include fitted carpets, furnishings and other contents of reception and storage areas and other communal parts of the buildings, including the contents of fuel tanks, portable communal property in the open grounds of and used in connection with the buildings.

# Property Damage

*continued*

**C** Reinstatement Day One inflation provision is included at 130% if you require a higher limit please state %

**D** All risks specified property (For example Computers, Office Contents, Tools etc. )

Description	Sum Insured			
	Own Premises	Anywhere in UK	Europe	Worldwide
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**3** Please complete the following in respect of Subsidence **Note: please also complete the questions in Appendix A**

**A** Do any of the buildings show any sign of subsidence, movement or cracking? If Yes, please detail in Appendix A Yes  No

**B** Has there been subsidence in the vicinity of any of the premises? If Yes, please detail in Appendix A Yes  No

**C** Has there ever been a consulting engineers report for any of the premises? If Yes, please attach a copy Yes  No

**4** Do you want us to quote for Terrorism cover? Yes  No

**5** The Buildings. Are all the Premises at each situation to be insured:

**A** built of mainly brick, stone, concrete or non combustible materials? Yes  No

**B** heated only by hot water central heating systems mains electricity or mains gas? Yes  No

**C** supplied with electricity by modern wiring and fittings? Yes  No

**D** properly maintained and kept in a good state of repair? Yes  No

**E** in an area free from any history of flooding? Yes  No

**F** protected against freezing by lagging or insulation of all water pipes and tanks? Yes  No

If you have ticked 'No' to any of the above boxes, please give details below:

**G** unduly exposed to any risk of damage by storm? Yes  No

**H** subject to any preservation order or listing? Yes  No

**I** used for any hazardous processes or storing hazardous materials? Yes  No

If you have ticked Yes to any of the boxes above please give details below:

**6** Do you require cover for Loss of Money in respect of your business? If Yes, please complete Appendix B Yes  No

**7** Do you require cover for Goods in Transit in respect of your business? If Yes, please complete Appendix B Yes  No

# Loss of Rent

## 1 Cover Options

Is cover required for All Risks? Yes  No

or

Is cover required for Specified Events? Yes  No

If Yes, for Specified Events please tick boxes to indicate cover required

Fire, Lightning, Explosion, Aircraft, Riot and Civil Commotion or Malicious Persons, Earthquake or Subterranean Fire

Storm or tempest

Flood

Escape of water from any tank apparatus or pipe

Impact

Sprinkler leakage

Accidental Damage

Theft

Subsidence

Escape of oil from any fixed heating installation

Do you require cover on a Declaration Linked basis? Yes  No

## 2 Please state the Rent for the following:

**Sum Insured/Estimated Amount**

**A** Occupied Premises £

The amount of actual annual rent for the period of insurance plus any increases as a result of any known proposed rent reviews.

**B** Unoccupied Premises £

A professional valuation of the estimated amount of rent to be payable during the period of insurance, based on leases expected to be signed or in the course of negotiations and upon rent of similar premises in the locality.

**C** Please give details of any other cover required i.e. Additional Increased Cost of Working etc.

Note if there is more than one premises to be insured, then please provide details of the sums insured for each premises in Appendix A.

**3** Do you want us to quote for Terrorism cover? Yes  No

# Employers Liability and Property Owners Liability

1 Please tick box for cover and indemnity limits required

**Cover**

**Limit of Indemnity**

Employers Liability	<input type="checkbox"/>	£10m	<input type="checkbox"/>	Other £	<input type="text"/>		
Property Owners Liability	<input type="checkbox"/>	£2m	<input type="checkbox"/>	£5m	<input type="checkbox"/>	Other £	<input type="text"/>

2 Do you run any part of your business from, or work in, any premises outside the United Kingdom? Yes  No   
If Yes, please give details including the country

3 Are all the premises let under full repairing leases, which pass responsibility for maintenance and repair to the leaseholder/tenant? Yes  No   
If No, please provide details

4 Are you responsible for any 'common parts' e.g. stairways, services, lifts, car parks? Yes  No

5 Do you employ a Managing Agent to administer all the premises? Yes  No   
If Yes, do they have responsibility under contract for maintenance, repair and general control of the premises? Yes  No

6 Do you appoint contractors to carry out maintenance/repair work? Yes  No   
If Yes, do you check and record details of their Employers and Public Liability insurance? Yes  No

7 Are all lifts, hoists, cradles, slings, boilers, steam plant or pressure vessels for which you are responsible inspected to statutory requirements? Yes  No

8 Are you responsible for any external cleaning or maintenance installations, such as cradles, cranes, slings or access platforms? Yes  No   
If Yes, please provide details

9 Are you fully conversant and comply with the Health and Safety Executive Approved Code of Practice L127 in respect of Regulation 4 of the Control of Asbestos at Work Regulations 2002? Yes  No

10 Has an inspection been carried out to determine if any of the premises contain asbestos? Yes  No   
If Yes, please provide details of the results of such inspection(s), and your plan to manage the asbestos risk

11 Are any facilities, services, leisure amenities or security personnel provided or included for occupiers or third parties? Yes  No   
If Yes, please provide full details

## Employers Liability and Property Owners Liability

*continued*

**12** Have you or any tenant (including former owner/tenants, if known)

- A** ever been prosecuted or sued for any pollution incident? Yes  No
- B** ever had any incidents of pollution or incidents likely to cause pollution? Yes  No
- C** ever carried on any industrial activity which was the subject of an environmental permit or licence? Yes  No

**13** Are any of the premises to be covered on land that has been subject to environmental reinstatement or repair due to pollution or contamination?

Yes  No

If Yes, please give details

**14** Do any of the premises have

- A** railway sidings? Yes  No
- B** waterside berths for ships, boats or other craft? Yes  No

If Yes, please give details

**15** Do you own:

- A** any premises which are not to be covered by the Property Damage section? Yes  No
- B** any land on which there are no buildings or other structures erected? Yes  No

If Yes, please give details

**16** Please advise details of your annual rental income for the last three years:

<b>Year</b>	<input type="text"/>	<b>Year</b>	<input type="text"/>	<b>Year</b>	<input type="text"/>
£	<input type="text"/>	£	<input type="text"/>	£	<input type="text"/>

**17** In respect of Legionellosis contamination

- A** have you undertaken a COSHH/Risk Assessment with regard to all water systems/plant installed? Yes  No
- B** are you fully conversant and comply with the Health & Safety Commission Approved Code of Practice entitled "Legionnaires" Disease! The Control of legionella in water systems? Yes  No

# Employers Liability and Property Owners Liability

*continued*

**18** Please give details of estimates of your total payments for the next 12 months in respect of your wage roll and payments to subcontractors

	<b>Earnings of yourself and partners if not a limited company (£)</b>	<b>All direct employees including working directors and trainees (£)</b>	<b>Labour only sub contractors (£)</b>
<b>A</b> Clerical staff, commercial travellers and managerial employees who do not do manual work	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>B</b> Caretakers, cleaners, porters	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>C</b> Alteration, maintenance, repair	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>D</b> All others. Please describe  <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>E</b> Please give your estimated total payments to sub contractors who provide labour and their own materials	<input type="text"/>	<input type="text"/>	<input type="text"/>

**19** Please give details of your estimated maximum total number of employees for the next 12 months. This should include yourself, partners (if not a limited company) directors, trainees and labour only sub contractors

**20** Do you own or operate:

- A** Commercial seaports or airports Yes  No
- B** Stadiums which exceed a seating capacity of 10,000 Yes  No
- C** Tunnels or bridges exceeding a length span of 100 metres Yes  No

**21** Will any of your employees engage in work at a height exceeding 10m? Yes  No

If Yes,, please provide details

# Commercial Legal Expenses

The following Commercial Legal Expenses cover is provided as standard with every Property Damage Section.

## Standard Cover:

Criminal Prosecution Defence, Damage to Premises, Access to Lawphone and Allianz Legal Online.

You can extend the Standard cover as shown below. If you require any of the Optional Extensions please tick the relevant box below and answer the following questions.

### Optional Extension 1:

Yes  No

Standard cover plus Employment, Taxation Proceedings, Data Protection, Commercial Tenancy Agreement, Licence Protection, Personal Injury and Jury Service Allowance.

### Optional Extension 2:

Yes  No

Cover as provided under Optional Extension 1 plus Contract cover.

### Optional Extension 3:

Yes  No

Cover as provided under Optional Extension 1 plus Residential Lettings cover.

### Optional Extension 4:

Yes  No

Cover as provided under Optional Extension 1 plus Contract and Residential Lettings cover.

**Please note: cover provided by the above Optional Extensions is normally only available to businesses where the Total Annual Rental income does NOT exceed £10,000,000.**

Please provide the following information.

1 Please confirm your Total Annual Rental Income derived from:

- a) Non – Residential property £
- b) Residential property £
- TOTAL** £

NB. A Residential property is defined as one:

- i Let under the Housing Act 1988 or the Housing (Scotland) Act 1988 or amended by the Housing Act 1996, or
- ii Where the tenant is a limited company or partnership for residential purposes only, or
- iii Where the annual residential rental income for that property exceeds £25,000.

2 Please confirm the number of units let for:

- a) Non – Residential purposes
- b) Residential purposes

NB. A letting unit is a fully self contained unit with no shared facilities.

3 For each tenant (or guarantor, if appropriate), do you obtain the following prior to the tenancy commencing?

- a) one satisfactory financial or credit reference and one other satisfactory written reference. Yes  No
- b) a deposit equal to at least one month's Rent. Yes  No
- c) a detailed inventory of the contents and condition of the Property Yes  No

If "No", please give reasons why not and provide details of the actual references and deposit taken, and checks made on the condition of the property and it's contents for each new tenant.

## Commercial Legal Expenses

*continued*

- 4** 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.

- 5** 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

- 6** In the last **3 years** have you been involved in any potential 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.

- 7** 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.

- 8** 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.

- 9** 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*

- 10** 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.

### If you requested **Optional Extension 2 or 4**

- 11** Have **ALL** of your contracts been drafted by a solicitor or suitably qualified industry specialist specifically for your business?

Yes  No

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

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

£

- 13** What is your average contract value?

£

### Your Employment Procedures

- 14** 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

- 15** 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 14 give reasons on a separate sheet.

- 16** 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 and Safety Circumstances

- 17** Do you have a Health and Safety Policy Statement?

Yes  No

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

- 18** If **"Yes"**, are **ALL** employees aware of this?

Yes  No

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

- 19** 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.

## General Questions

1 Have you ever previously been insured for any of the covers requested in this proposal

Yes  No

If Yes, please give details including the name of the 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, please give details

3 Have you or any partner, director or any other person responsible for managing the business in connection with this or any other business in which you or they have been trading, ever been

A convicted of or charged (but not yet tried) with any criminal offence other than road traffic offences?

Yes  No

B declared bankrupt or insolvent?

Yes  No

C a director or partner of a company that went into liquidation or receivership?

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 Customs and Excise or the Inland Revenue?

Yes  No

G the subject of a county court judgement made against you?

Yes  No

If Yes, please give details

4 Have you or any Partner or Director (in connection with this or any other business in which you or they have been trading) suffered any loss, made any claims or been involved in accidents which have or could have resulted in a claim in respect of the risks proposed within the last five years.

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

Yes  No

If Yes, please give details

Year	Type of Loss	Details of Loss	Amount Paid £	Amount Outstanding £
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please continue on a separate sheet if necessary.

## Declaration

- 1 I/We declare that to the best of my/our knowledge and belief:
  - A the above statements and particulars, 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\*
  - D all sums insured stated above represent the full value of the property to be insured.

- 2 I/We wish to modify the above statements in the following respects:

- 3 I/We agree that this proposal and declaration and any particulars given separately shall be the basis of the contract between Allianz Insurance plc and myself/ourselves.
- 4 I/We agree to accept the Allianz Insurance plc standard form of policy for this type of insurance.
- 5 I/We understand that Allianz Insurance plc reserve the right to decline any proposal.
- 6 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.

Authorised Signature

Date

Position in company

**\*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.**

### Important:

#### Your Records

You should keep a record (including copies of letters) of all information you supply to Allianz Insurance plc 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.

We may share your details with other companies within the Allianz group of companies or pass them to third parties so that we may tell you by telephone, email or post of products and services which we think may be of interest to you. If you do not want to know about these products and services, please write to: Customer Satisfaction Manager, Allianz Insurance plc, 57 Ladymead, Guildford, Surrey, GU1 1DB to let us know. Your details will not be kept for longer than is necessary.

Under the Data Protection Act 1998 individuals are entitled to a copy of all the personal information Allianz Insurance plc holds about them. Please contact the Customer Satisfaction Manager at the address above.

Personal details may be transferred to countries outside the EEA and/or India. They will at all times be held securely and handled with the utmost care in accordance with all principles of English law.

## Appendix A - Premises to be Insured

Risk Address	Tenant(s) Name	Tenants Trade / Occupation e.g. Office, Warehouse, Retail, Light Industrial, Manufacturing etc

Age of Property	Is the premises or any portion of the premises Unoccupied? If Yes, please give details on a separate sheet	Please identify here if answered Yes to Property Damage Q. 2A, B or C	Building Declared Value	Contents of Common Parts	Calculated Rent	Maximum Indemnity

## Appendix B - Supplemental Covers

### Money

- 1** Please tell us your estimated annual carryings of money (cash, bank notes and other negotiable items) £
- 2** Please tell us the limit you want for loss of your money as follows: -
- A** In transit £
- B** At your own office premises during business hours £
- C** At your own office premises not in a locked safe, out of business hours, if higher than £300 £
- D** At your own office premises in a locked safe, out of business hours  
Please give details of safe  
Make and Model £   
Make and Model £
- E** In the personal custody of you or your employees out of business hours if higher than £300 £
- F** Other please specify £
- 3** If you want to increase the standard amounts of compensation for personal assault cover, please show the amounts
- |  | Standard      | Required               |
|--|---------------|------------------------|
| Death  | £25,000       | £ <input type="text"/> |
| Loss of one or more limbs or the sight of one or more eyes | £25,000       | £ <input type="text"/> |
| Permanent Total Disablement                                | £25,000       | £ <input type="text"/> |
| Temporary Total Disablement                                | £100 per week | £ <input type="text"/> |
| Temporary Partial Disablement                              | £50 per week  | £ <input type="text"/> |

### Goods in Transit

- 1** What type of goods do you want to insure?
- 2** What is the estimated annual value of goods in transit £
- 3** Is cover required for goods carried in own vehicles Yes  No
- If Yes, please tell us: -
- A** Maximum number of vehicles to be used
- B** Maximum Sum Insured required per vehicle £
- C** Makes and types of vehicles used
- D** Are any of the vehicles fitted with immobilisers or alarms Yes  No
- If Yes, please give details

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[www.allianz.co.uk](http://www.allianz.co.uk)

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Registered office. 57 Ladymead, Guildford, Surrey, GU1 1DB, United Kingdom.

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/register](http://www.fsa.gov.uk/register) or by contacting the FSA on 0845 606 1234