



Select

Commercial

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 Commercial Select policy.

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

Proposal

You may choose any of the following covers. Please tick the appropriate box for the covers you wish to insure.

Property Damage

Option 1

Fire and Specified Events (see separate Policy Overview for details)

Yes No

Theft (only available if you choose cover for Fire and Specified Events)

Yes No

Option 2

Commercial All Risks

Yes No

(Includes Fire and Specified Events, Accidental Damage and Theft)

Option 3

All Risks on Specified Property

Yes No

Commercial Legal Expenses

Standard Cover (automatically provided where the Commercial Legal Expenses Section is operative)

Commercial Legal Expenses Optional Extension 1

Yes No

Standard Cover plus Employment, Taxation Proceedings, Damage to Premises, Data Protection, Commercial Tenancy Agreement, Licence Protection, Personal Injury and Jury Service Allowance.

Commercial Legal Expenses Optional Extension 2

Yes No

Optional Extension 1 plus Contract

NB: this Cover Extension is only available if Optional Extension 1 is also taken.

If you have answered 'Yes' to request either of the Optional Extensions, please answer the questions contained under the Commercial Legal Expenses Extension part of this Proposal.

Please Note: Optional Extensions 1 and 2 are normally only available to businesses with annual turnovers that do NOT exceed £10,000,000.

Business Interruption

Option 1

Fire and Specified Events (see separate Policy Overview for details)

Yes No

Option 2

Commercial All Risks

Yes No

(Includes Fire and Specified Events, Accidental Damage and Theft)

Money

Yes No

Goods in Transit

Yes No

Employers Liability

(only available if you choose cover for Public Liability or Public and Products Liability)

Yes No

Public Liability

Yes No

Public and Product Liability

Yes No

On the pages that follow please complete the business details, each section you wish to insure and the declaration.

Please answer all of the questions, tick the appropriate boxes and use block capitals.

Business Details

1 Your full name including any trading name

2 A If you are a limited company, please show your Company Registration Number

B If you are not a limited company, please show the full names and addresses of all principals and partners and any trading name

C If you have any subsidiary companies, please show their names and addresses.

3 Your postal address

4 Address of the premises you wish to insure, if this is different from your postal address

Note: If you require to insure more than one location please complete Appendix A

5 Does anyone else occupy your premises or are any parts unoccupied?

Yes No

If 'Yes', please give details

6 Full description of your business and the work that you do

7 Have you ever traded under a different name?

Yes No

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

8 The date you started your business

A At these premises

B At any previous premises

9 When do you want your insurance to start? (The policy is renewable annually)

Property Damage

1 Please tick box for cover required

Fire and Specified Events (see explanation of cover for details)

Theft (only available if you choose cover for Fire and Specified Events)

Commercial All Risks

All Risks Specified Property

2 Property to be insured* (if more than one location to be insured please complete Appendix A)

Sum Insured

A Buildings including outbuildings, landlords' fixtures and fittings and an amount for architects' and surveyors' fees, removal of debris and shoring up

£

Item 2A Buildings

The sum insured must be enough to pay for the cost of rebuilding or replacing the property as new and should include an amount for the following:

- a your landlord's fixtures and fittings;
- b architects' and surveyors' fees;
- c the cost of demolition, removal of debris, shoring or propping up; and
- d an amount for VAT if you are not registered or exempt.

B Interior decorations for which you are responsible

£

C months rent

£

D Machinery, fixtures and fittings office equipment (excluding items in E and F below)

£

E Computer equipment, fax machines and photocopiers

£

F Portable hand and power tools

£

G Stock in trade and property for which you are responsible (excluding items H, I and J below)

£

H Wines and Spirits

£

I Tobacco and Cigarettes

£

J Non ferrous metals

£

Items 2B Interior Decorations and items 2D – 2J Contents

The sums insured must be enough to pay for the cost of reinstating your property as new.

K All Risks Specified Property:

| 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"/> |

*Property to be insured – sums insured. You must choose sums insured for the full value of your property. If you insure any of your property for less than the full value, then when you claim, we will apply 'Average', that is we will only pay you a proportionate part of your loss.

3 Do you want subsidence cover? Yes No

If 'Yes', please answer the following:

a Age of Buildings

Years

b Do the buildings show any sign of subsidence?

Yes No

c Has there been subsidence in the area?

Yes No

d Has there ever been a consulting engineers report for the premises?

Yes No

If 'Yes', please attach a copy

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

* We shall be pleased to quote if you want Terrorism cover to the full value of your buildings and contents.

The cover must apply to all of your premises, you cannot restrict this to specific premises only.

5 The Buildings.

Please answer this question even if you are not insuring the buildings.

We look at your answer when considering your contents.

Are the Buildings:

A built entirely of brick, stone, concrete or other 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 or fittings? Yes No

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

E in an area free from flooding? and Yes No

F not exposed to risk of damage by storm? Yes No

6 Security Protections

Are the premises to be insured protected by an Intruder Alarm System? Yes No

If Yes

A please give details of the signalling system (✓ as appropriate) Yes No

Digital Communicator redcare Dualcom redcareGSM DualcomPlus

Other please provide details

B is the system maintained under contract with an approved installer? Yes No

C has the level of Police response to the alarm installation been (or have you been notified that it will be) reduced, delayed or withdrawn? Yes No

7 Are all water pipes and tanks protected against freezing by lagging or insulation? Yes No

If any of the answers to 5, and 6 above are 'No', please give details

8 Will you keep any Contents or Stock and Materials in Trade in any basement or floors below ground level? Yes No

If 'Yes', it must be kept at least six inches above the floor.

Business Interruption

1 Basis of cover (see page 1)

Please tick box for cover required

Fire and Specified Events

including Theft

Commercial All Risks

Do you require cover on a Declaration Linked Basis?

Yes No

| | Sum Insured | Indemnity Period | | | |
|-----------------|------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| A Gross Profit | £ <input type="text"/> | 12 <input type="checkbox"/> | 18 <input type="checkbox"/> | 24 <input type="checkbox"/> | 36 <input type="checkbox"/> |
| B Gross Revenue | £ <input type="text"/> | 12 <input type="checkbox"/> | 18 <input type="checkbox"/> | 24 <input type="checkbox"/> | 36 <input type="checkbox"/> |

C Please give details of any other cover required

Sum Insured £

Indemnity period

You should select a period allowing for the maximum time your business will be affected if your premises were destroyed by fire. There are many factors to consider, such as the time to rebuild and to replace machinery.

Sum Insured

The sum insured should be based on your anticipated annual gross profit or revenue allowing for trends in your business, and should be projected forward two years where the indemnity period selected is 12 months and three years where the indemnity period is 24 months.

For indemnity periods exceeding 12 months the sum insured should be increased proportionately.

If you have indicated that you require your cover to be declaration linked the sum insured you have selected will be used as the estimated gross profit or revenue and our maximum liability will be based on 133.3% of that figure.

Please note that the declaration linked basis of cover is not available where your sum insured is less than £250,000.

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

* We shall be pleased to quote if you want Terrorism cover to the full sum insured. The cover must apply to all of your premises, you cannot restrict this to specific premises only.

3 Cover includes extension to Suppliers and Customers premises up to £100,000 or 10% of the sum insured whichever is the lower.
If you require higher limits please give details

A Suppliers:

Name

Address

Limit

B Customers:

Name

Address

Limit

4 Book Debts

If greater than standard £250,000 required

Sum Insured £

We will give cover for £250,000 outstanding in your customer accounts at the end of each month. (It is a policy condition that you keep monthly records at a place other than your premises).

We shall be pleased to quote if you want to increase this figure.

Money

1 Please tell us your estimated annual carrying of money to and from your bank or post office £

2 Please tell us the limit you want for any loss of your money as follows:
These should be the most that you could lose at any one time.

A In transit to and from the bank and in a bank night safe £

B On your premises during business hours £

C On your premises not in a locked safe, out of business hours £
Our standard limit is £300. We will increase this if you ask us to.

D On your premises in a locked safe, out of business hours

Please give safe details

Make and model £

Make and model £

E In the personal custody of you or your employees out of business hours £
Our standard limit is £300. We will increase this if you ask us to.

3 If you want to increase the standard personal assault cover, please show the amounts you want

Personal Assault. Our standard limits are as follows:

- | | | |
|---|--|---------------|
| 1 | Death | £25,000 |
| 2 | Loss of one or more limbs or the sight of one or both eyes | £25,000 |
| 3 | Permanent total disablement | £25,000 |
| 4 | Temporary total disablement | £100 per week |
| 5 | Temporary partial disablement | £50 per week |

We will increase these if you ask us to.

Capital Sums (Limits 1–3) £

Weekly Benefits (Limit 4) £

Estimated annual carryings is an estimate of negotiable money that you carry from your premises to the bank or post office.

Negotiable money includes cash, uncrossed cheques, postal orders or bank drafts, travellers cheques, postage stamps, National Savings Stamps, Holiday with Pay Stamps, National Insurance Stamps not fixed to cards, unexpired units in franking machines, phone cards, gift tokens and consumer redemption vouchers.

We also insure non-negotiable money for a limit of £1,000,000. You do not need to include non-negotiable money in your estimated annual carryings of money or in the limits that you want for question 2.

Non-negotiable money includes crossed cheques, postal orders or bank drafts, National Insurance Stamps fixed to cards, National Savings Certificates and credit card sales vouchers.

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 vehicle used

D Are any of the vehicles fitted with immobilisers or alarms?

Yes No

If 'Yes', please give details

4 Do you want to insure your tools?

Yes No

If 'Yes', please tell us:

A the number of vehicles in which tools will be carried

B the maximum value of tools in any one vehicle at any one time

£

5 Do you want to insure goods left in your vehicle overnight* ;

A in a locked garage? or

Yes No

B anywhere else?

Yes No

If 'Yes', please give details

* Overnight cover

If you carry property which is attractive to thieves and/or you park your vehicle in inner city areas, we may only give overnight cover if you keep your vehicle in a locked garage or security compound.

6 Is cover required for carryings by other means (ie Road Hauliers, rail, post or air)?

Yes No

If 'Yes', please tell us:

A the maximum any one package

£

B the maximum value any one consignment

£

C do freight carriers operate under 1998 RHA General Conditions of Carriage?

Yes No

Employers Liability and Public and Products liability

If you work in the building or contracting trades please complete a separate Construction Select or Complete Contractor proposal form available from your insurance adviser or local Allianz office.

Many businesses must register with the Local Authority or with the Health and Safety Executive for health and safety purposes. If you are required to register and have not, you should do so. If you are in any doubt, please talk to your nearest HSE office.

1 Please tick box for cover and indemnity limits you want

| Cover | Limit of Indemnity | | | |
|---------------------|--------------------------|------------------------|--------------------------|------------------------------------|
| Employers Liability | <input type="checkbox"/> | £10m | <input type="checkbox"/> | *Other £ <input type="text"/> |
| Public Liability | <input type="checkbox"/> | £1m | <input type="checkbox"/> | *Other £ <input type="text"/> |
| | | £2m | <input type="checkbox"/> | |
| | | £5m | <input type="checkbox"/> | |
| Products Liability | <input type="checkbox"/> | £1m | <input type="checkbox"/> | *Other £ <input type="text"/> |
| | | £2m | <input type="checkbox"/> | |
| | | £5m | <input type="checkbox"/> | |
| Financial Loss | <input type="checkbox"/> | £ <input type="text"/> | | *Additional Proposal form required |

2 Do you run any part of your business from, or work in, any premises in any foreign country? Yes No

If 'Yes', please give details including the country:

3 Do you do any manual work away from your premises? Yes No

If 'Yes', please give full details of the types of work and locations and answer Q4:

4 Will you use blowlamps or welding, flame-cutting or other equipment for application of heat away from your premises? Yes No

5 Do any of your premises have

A railway sidings? Yes No

B waterside berths for ships, boats or other crafts? Yes No

If 'Yes', to A or B please give details:

6 What was the past usage of each premises to be covered, where known?

7 For each premises to be covered have you or any former owner (if known):

A ever been prosecuted or sued for any pollution problem? 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

If 'Yes', to A, B or C please give details:

8 Do

- A you process, handle or store gases, explosives, acids, or other materials that are toxic, explosive, flammable, corrosive or an irritant? Yes No
- B any noxious or polluting substances, liquids, gases, fumes or waste arise from your processes? Yes No

If 'Yes', to A or B please give details:

9 Do you process, handle or store any of the following:

- A radioisotopes, radioactive substances or other sources of ionising radiation? Yes No
- B laser apparatus? Yes No
- C silica, asbestos or materials containing asbestos? or Yes No
- D gases, explosives, acids or other dangerous liquids or substances? Yes No

If 'Yes', to A, B, C or D please give details:

10 Does your work involve:

- A exposure to noise levels exceeding 85 dB (A)? Yes No
- B work on or visits to offshore installations? or Yes No
- C burning of waste or other materials? Yes No

If 'Yes', to A, B or C please give details:

11 Your wage roll and payments to subcontractors

Please give estimates of your total payments for the next 12 months

| | Earnings of yourself and partners if not a limited company £ | All direct employees including working directors and trainees £ | Labour only sub contractors £ |
|---|---|--|----------------------------------|
| A clerical staff, commercial travellers and managerial employees who do not do manual work | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| B work at your own premises: | | | |
| a) woodworking machinists and their labourers and helpers | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| b) all others (please describe) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| C work away from your own premises (please describe) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| D please give your estimated total payments to subcontractors who provide labour and their own materials. | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Payments means total gross pay for work done for you including gross wages, salaries and all other earnings and allowances (before deductions). Labour only subcontractors includes persons supplied by them, self-employed persons providing labour only and persons hired or borrowed by you.

12 Is all machinery and equipment:

A properly fenced and guarded?

Yes No

B properly maintained and kept in a good state of repair?

Yes No

If Products Liability Cover is required please answer the following questions

13 Please give details of goods sold, supplied, delivered, installed, erected, repaired, altered, treated or tested including their intended function

Please attach copies of any catalogues, brochures or other descriptive literature

14 Please give details of Goods:

| | Manufactured by you | Repaired, processed altered or tested | Retailed/Wholesale |
|-----------------------------|------------------------|---------------------------------------|------------------------|
| A Estimated annual turnover | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| B Percentage exported to:- | | | |
| USA or Canada | <input type="text"/> % | <input type="text"/> % | <input type="text"/> % |
| European Union | <input type="text"/> % | <input type="text"/> % | <input type="text"/> % |
| elsewhere | <input type="text"/> % | <input type="text"/> % | <input type="text"/> % |

15 Have you sold, supplied, delivered, installed, erected, repaired, altered, treated or tested any other goods which are likely to be still in use or on the market?

Yes No

If 'Yes', please give details:

16 Has your annual turnover for exports to USA and/or Canada exceeded the above estimates in any of the last 5 years?

Yes No

If 'Yes', please tell us the turnover for each year affected

17 Do you know if any of the goods are supplied indirectly to USA and/or Canada?

Yes No

If 'Yes', please tell us the estimated annual turnover

£

18 Have you a parent or subsidiary company, branch premises, resident employee, representative or holder of your power of attorney in any country outside the EU?

Yes No

If 'Yes', please give details:

19 Do you issue any written guarantees or conditions of sale or work for the goods?

Yes No

If 'Yes', please attach the wordings

20 Are you responsible for the design of the goods?

Yes No

If 'No' a) who is responsible?
and

b) do you enter into any agreement to indemnify or hold harmless any such party?

Yes No

If 'Yes', please attach the wordings

- 21 Are any goods, materials or components supplied, manufactured or processed by an independent supplier or subcontractor? Yes No
- If 'Yes' a) is every such supplier or subcontractor readily identifiable? Yes No
- b) do you enter into any agreement to indemnify or hold harmless any such supplier or subcontractor? Yes No
- If 'Yes', please attach the wordings
- c) is any such supplier or subcontractor in any foreign country? Yes No
- If 'Yes', please give details
-
- 22 Please give brief details of your control procedures in respect of
- a) goods of your own manufacture;
-
- and
- b) other goods
-
- 23 Do the goods (including those not manufactured by you) comply with all relevant British Standards and/or EU directives? Yes No
- 24 Are any of the goods known or intended to be included in or installed in any air, space or marine craft or offshore or nuclear installation? Yes No
- If 'Yes', please give details
-
- 25 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
- 26 Do you organise public events where the anticipated daily attendance exceeds 10,000 people? Yes No
- 27 Do you produce and/or distribute:
- a) Water? Yes No
- b) Gas? Yes No
- c) Electricity? Yes No
- 28 Do you provide mass rail transport systems including railway stations? Yes No
- 29 Are you a Local Authority body (other than Parish Councils)? Yes No

Directors & Officers Liability

1 Are your shares privately held i.e. not publicly traded on any stock exchange? Yes No

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

If No to questions 1 or 2 above please provide details

3 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

4 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 3 or 4 above please provide details

5 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

6 Have you reported a profit before tax at the last financial year end? Yes No

If No, has the loss deteriorated over the last two years? Yes[†] No

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

If Yes, did the total settlement value exceed £1,000? Yes[†] No

If you have ticked Yes[†] above, please provide full details

8 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 whether or not the circumstance or incident has been notified to a D&O insurer? Yes No

If Yes, please provide full details

9 What was your total annual turnover at the last financial year end?

10 Do you have any revenue from or subsidiaries in the USA/Canada? Yes No

If Yes, does the revenue from USA/Canada exceed 15% of total revenue? Yes No

If Yes, please provide details

11 What Limit of Liability do you require? (min. £100,000/max. £10m)?

Commercial Legal Expenses – Optional Extensions

Please provide the following information:

1 Please confirm your annual turnover £

Please Note: cover provided by this Section is normally 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? No Yes

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? No Yes

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? No Yes

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 employees' contracts of employment? No Yes

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? No Yes

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

| |
|--|
| |
| |
| |
| |
| |

Commercial Legal Expenses

continued

7 Within the next **12 months**, do you plan to make any staff redundant or implement any reorganisation which could affect staffing levels?

No Yes

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

8 Are you aware of any existing circumstances which could give rise to a claim under **any area of cover** provided by this Section?

No Yes

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

If you requested Optional Extension 2 (Contract):

9 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.

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 <input type="checkbox"/> | No <input type="checkbox"/> |
| Grievance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Redundancy | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Discrimination | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Equal Opportunity | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Harassment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Flexible Working | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Absence | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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.

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', to A, B or C 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', to any of the above 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 any accidents which have or could have resulted in a claim in respect of the risks proposed within the last five years? Yes No

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

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"/> |

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) no insurer has declined my/our proposal, cancelled or refused to renew my/our policy or increased the premium or required special terms or conditions in respect of any of the risks proposed; and
 - e) all sums insured stated above represent the full value of the property to be insured.

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

- 3 I/We agree that this proposal and declaration and any information given separately shall be the basis of the contract between Allianz Insurance Insurance plc and myself/ourselves.
- 4 I/We agree to accept the Allianz 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 understand that Insurer's share information with each other, credit reference agencies and other information agencies with regard to credit agreements, policies and claims, primarily to assess risks, handle claims and prevent fraud.
I/We consent to this.

Authorised Signature

Date

Position in company

Important:

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.

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 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.

* 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.

Property Damage – Multi Location

Appendix A

1 Address of location to be insured

Postcode

Telephone Number

Occupied by you as:

Any other occupants: Yes No

2 Address of location to be insured

Postcode

Telephone Number

Occupied by you as:

Any other occupants: Yes No

3 Address of location to be insured

Postcode

Telephone Number

Occupied by you as:

Any other occupants: Yes No

4 Address of location to be insured

Postcode

Telephone Number

Occupied by you as:

Any other occupants: Yes No

Property to be insured (see Q2 on page 7 for item description)

| | Location 1 | Location 2 | Location 3 | Location 4 |
|---|------------------------|------------------------|------------------------|------------------------|
| A | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| B | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| C | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| D | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| E | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| F | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| G | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| H | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| I | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| J | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |

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Allianz Insurance plc. Registered in England number 84638
Registered office. 57 Ladymead, Guildford, Surrey, GU1 1DB, United Kingdom.

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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 or by contacting the FSA on 0845 606 1234