



# PROFESSIONAL INDEMNITY SELECT

MANAGEMENT CONSULTANTS PROPOSAL



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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've 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.

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

# MANAGEMENT CONSULTANTS – PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

## IMPORTANT NOTES

### Please read before completing this form:

- a** If you are unsure whether this proposal is suitable for your business or require assistance in its completion, please seek advice from your insurance adviser.
- b** A principal, partner director or member of the business must complete the proposal and make all the necessary enquiries of their fellow partners, directors, members and employees
- c** Whenever we ask questions in this proposal about you or your business we mean the principal, partners, directors, members or employees or any former principal, partners, directors, members or employees of any business or firm for which cover is required under this insurance. You should include details of any predecessor businesses where cover is required.
- d** Wherever we refer to partners, we include where applicable, members of the business (individuals forming a Limited Liability Partnership (LLP) are known as members).
- e** Please provide a copy of
  - any brochures, handouts and any other technical or marketing material in which you describe your professional services
  - your terms of business contracts
- f** Cover is provided on a “claims made” basis:
  - the insurance covers claims first made against you, and/or circumstances that may lead to a claim, notified to us during the period of insurance
  - claims or circumstances which might give rise to a claim must be notified to us in writing as soon as possible and during the period of insurance

## NEXT STEPS

- please answer every question fully. If you do not have enough space attach separate sheets with information which can be incorporated into your proposal
- please complete in ink using BLOCK CAPITALS, and tick boxes as appropriate
- answer the General Questions on pages 2 – 8
- sign and date the Declaration on page 9 and state your authority to sign e.g. Principal, Director, Partner

# PROPOSAL

## 1 GENERAL INFORMATION

a Name of Insured

b Address of Principal Office

c Postal Address

d Date of establishment

e Website address

f Please list all additional business entities  
(whether or not currently trading, including year of establishment and year of cessation if applicable)

  
  
  

g Please list addresses of all other offices currently trading

  
  
  

h Is/are the firm(s) or any principal, partner or director a member of a consortium, joint venture, single project partnership or group practice?

Yes  No

If 'Yes', please supply details:

i Does the firm(s) or any principal, partner or director carry out any work on behalf of any other business in which they have a controlling or financial interest (other than as a shareholder in a public quoted company)?

Yes  No

If 'Yes', please supply details:

## 2 STAFF AND PARTNERS

a Please give details of Principals, Partners or Directors:

| Name | Date of Birth | Relevant Qualifications | Year became Partner/Director |
|------|---------------|-------------------------|------------------------------|
|      |               |                         |                              |
|      |               |                         |                              |
|      |               |                         |                              |
|      |               |                         |                              |
|      |               |                         |                              |

b Please give details of number of permanent staff in current business:

|                               | Full Time | Part Time |
|-------------------------------|-----------|-----------|
| Principals/Partners/Directors |           |           |
| Professionally Qualified      |           |           |
| All Others                    |           |           |

c Does the firm(s) use specialist designers, consultants or sub-contractors? Yes  No

If 'Yes', please answer the following:

i Please state what proportion of the firm(s) business involves the subcontracting of work to others? %

ii Does the firm(s) insist that the specialist designers/consultants/sub-contractors maintain their own PI cover? Yes  No

iii What services does the firm(s) use the specialist designers/consultants/sub-contractors for?

iv How does the firm(s) select and manage the specialist designers/consultants/sub-contractors?

## 3 ACTIVITIES

a Please state your total gross income for the last 5 financial years plus an estimate for the forthcoming financial year. If you have been trading for less than 12 months please provide an estimate of your total gross income for the first 12 months.

| Year Ending | UK | USA/Canada | Elsewhere | Total |
|-------------|----|------------|-----------|-------|
|             | £  | £          | £         | £     |
|             | £  | £          | £         | £     |
|             | £  | £          | £         | £     |
|             | £  | £          | £         | £     |
|             | £  | £          | £         | £     |

**Estimate for forthcoming year**

|  |   |   |   |   |
|--|---|---|---|---|
|  | £ | £ | £ | £ |
|--|---|---|---|---|

If any income is derived from any office domiciled overseas for which coverage is required, please complete the income breakdown in the **Tax Form** at the back of the proposal form.

b Please provide a clear description of the business activities of the firm(s):

### 3 ACTIVITIES CONTINUED

c Please give the percentage split of your Gross Brokerage/Fee income received in the last complete financial year:

|                                     |  |   |
|-------------------------------------|--|---|
| Company Development                 |  | % |
| Production                          |  | % |
| Marketing/Sales                     |  | % |
| Financial/Accounting Management     |  | % |
| Human Resource/Personnel Management |  | % |
| Interim/Locum Management            |  | % |
| Project Management                  |  | % |
| Quality Management                  |  | % |
| Mergers/Acquisitions                |  | % |
| Computer/IT Consultancy             |  | % |
| Training                            |  | % |
| Other                               |  | % |
| <b>Total</b>                        |  | % |

Please supply details of "Other" work:

d Does the work split above represent the make up of the firm(s) over the past three years? Yes  No

e Are any substantial changes in the percentage amounts shown above anticipated during the next 12 months? **Yes**  No

If 'Yes', please supply details:

f When acting as a locum/interim manager what type of discretionary authority do you hold?

i Day to day duties only Yes  No

ii Budgetary and / or financial decision making powers Yes  No

g Does the firm(s) undertake:

i Any investment business as defined by the Financial Services & Markets Act 2000? Yes  No

ii Any design, sale, supply, maintenance or manufacture of any product or computer software/hardware Yes  No

iii Any safety, environmental or security audit/surveys? Yes  No

iv Any construction work including engineering, architectural or surveying activities? Yes  No

**3 ACTIVITIES CONTINUED**

**h** Please split the firm(s) business between the following market sectors:

|                          |  |   |              |  |   |
|--------------------------|--|---|--------------|--|---|
| Government               |  | % | Commercial   |  | % |
| Manufacturing/Industrial |  | % | Aerospace    |  | % |
| Construction/Engineering |  | % | Rail         |  | % |
| Retail                   |  | % | Other        |  | % |
| Healthcare/Medical       |  | % | <b>Total</b> |  | % |
| Finance                  |  | % |              |  |   |

Please supply details of "Other" work:

**i** Are any substantial changes in the percentage amounts shown above anticipated during the next 12 months? **Yes**  **No**

If 'Yes', please provide an explanation:

**j** Please give details of the 3 largest contracts undertaken in the past 3 years or for a new practice, in the forthcoming year:

| Name of Client | Business of Client | Nature of Contract | Total Contract Value | Income to You |
|----------------|--------------------|--------------------|----------------------|---------------|
|                |                    |                    | £                    | £             |
|                |                    |                    | £                    | £             |
|                |                    |                    | £                    | £             |
|                |                    |                    | £                    | £             |
|                |                    |                    | £                    | £             |

#### 4 RISK MANAGEMENT

**a** Does the firm(s) always use standard written contract conditions? Yes  **No**

If 'No':

**i** What percentage of contracts are in the non-standard form  %

**ii** What are the procedures for the sign-off/approval of a non-standard contract?

**b** In respect of **all** contracts the firm(s) enters into, do they always include:

**i** an outline of the scope of services to be provided Yes  No

**ii** Limitation of liabilities? Yes  No

**iii** Direct, Consequential and Economic Loss Exclusion Yes  No

**iv** Indirect, Consequential and Economic Loss Exclusion Yes  No

**v** Force Majeure Yes  No

**vi** Guarantees Yes  No

**vii** Warranty Yes  No

**viii** Hold Harmless Agreement Yes  No

**ix** Arbitration Agreement Yes  No

**c** Does the client always sign the contract? Yes  No

**d** Does the firm(s) have standard procedures for the regular review of ongoing contracts internally and with the client? Yes  No

**e** Does the firm(s) provide advice or services which fall outside of the scope of the contract? Yes  No

**f** Does the firm always require satisfactory references or only when engaging senior employees? Always   
 Senior appointments only

**g** Is any employee allowed to sign cheques on his/her signature alone for values exceeding £5,000? Yes  No

**h** How frequently are checks carried out on all entries in the cash book with paying-in books, receipts, counterfoils and vouchers, and reconciled with bank statements (including the balance of cash and unpresented cheques), independently of employees receiving or banking monies in respect of monies belonging to the firm as well as in trust on behalf of others?

Weekly  Monthly  Quarterly

Other (please specify)

#### 5 CLAIMS INFORMATION

**a** Has the firm(s) sustained any loss through the fraud or dishonesty of any person? **Yes**  **No**

If 'Yes', please supply details:



**5 CLAIMS INFORMATION CONTINUED**

**b** Is the firm(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present partner, director or principal or employee? **Yes**  **No**

If 'Yes', please supply details:

**c** After enquiry, have any Professional Indemnity claims ever been made against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partners, directors or principals, either individually or otherwise for any negligence, errors, omission, breach of professional duty or the like, whether successful or not? **Yes**  **No**

If 'Yes', please supply details:

| Date of Claim        | Claimant             | Details of Claim including any payments made or reserves held |
|----------------------|----------------------|---|
| <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"/>  |

**d** After enquiry, are any of the partners, directors or principals aware of any pending claims and/or circumstances existing which may give rise to a Professional Indemnity claim against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partners/directors/principal? **Yes**  **No**

If 'Yes', please supply details:

| Date of Circumstance | Claimant             | Details of Circumstance |
|----------------------|----------------------|-------------------------|
| <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"/>    |

**6 PREVIOUS INSURANCE**

**a** Has the firm(s) previously been insured for Professional Indemnity insurance? **Yes**  **No**

If 'Yes', please supply details:

| Renewal Date         | Limit of Liability     | Premium                | Retention (Excess)     | Insurer              |
|----------------------|------------------------|------------------------|------------------------|----------------------|
| <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"/> |
| <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"/> |

Retroactive Date:  Number of years cover has been continually in force:

**b** In respect of Professional Indemnity insurance, has any Insurer ever declined a proposal, declined to pay a claim, refused renewal, cancelled such insurance or imposed special conditions? **Yes**  **No**

If 'Yes', please supply details:

**7 LIMIT OF LIABILITY AND RETENTION (EXCESS) REQUIRED**

Please select the Limit of Liability and Retention (Excess) you require:

**a** Limit of Liability

|                                     |                                     |                                     |                              |
|-------------------------------------|-------------------------------------|-------------------------------------|------------------------------|
| £100,000 <input type="checkbox"/>   | £250,000 <input type="checkbox"/>   | £500,000 <input type="checkbox"/>   |                              |
| £1,000,000 <input type="checkbox"/> | £2,000,000 <input type="checkbox"/> | £4,000,000 <input type="checkbox"/> |                              |
| £5,000,000 <input type="checkbox"/> |                                     |                                     | Other £ <input type="text"/> |

**b** Retention (Excess)

|                                 |                                 |                                  |                              |
|---------------------------------|---------------------------------|----------------------------------|------------------------------|
| £500 <input type="checkbox"/>   | £1,000 <input type="checkbox"/> | £2,500 <input type="checkbox"/>  |                              |
| £5,000 <input type="checkbox"/> | £7,500 <input type="checkbox"/> | £10,000 <input type="checkbox"/> | Other £ <input type="text"/> |

**c** When do you want your insurance to start? (the policy is annually renewable)

# 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; and
  - C I/We have not withheld any material fact\*
- 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 the Insurer and myself/ourselves.
- 4 I/We agree to accept the Insurer's standard form of policy for this type of insurance.
- 5 I/We understand that the Insurer reserves the right to decline any proposal.
- 6 I/We have read the Fair Processing Notice and the Consent for Special Categories of Personal Data contained within this proposal and consent to data being used for the purposes specified.

**Authorised Signature**

**Date**

**Position in company**

## IMPORTANT:

**\*Material facts are those facts which are likely to influence the Insurer 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 the Insurer about this proposal.

# FAIR PROCESSING NOTICE – HOW WE USE PERSONAL INFORMATION

## 1 WHO WE ARE

When **we** refer to “**we**”, “**us**” and “**our**” in this notice it means Allianz Insurance plc or Allianz Engineering Inspection Services Limited.

When **we** say, “**individuals**” in this notice, **we** mean anyone whose personal information **we** may collect, including:

- anyone seeking an insurance quote from **us** or whose details are provided during the quotation process
- policyholders and anyone named on or covered by the policy
- anyone who may benefit from or be directly involved in the policy or a claim, including claimants and witnesses.

## 2 HOW WE USE PERSONAL INFORMATION

**We** use personal information in the following ways:

- to provide quotes, administer policies and policyholder claims to fulfil **our** contract
- to administer third party claims and prevent financial crime to meet **our** legal obligations
- to manage **our** business and conduct market research to meet the legitimate needs of **our** business
- to send marketing information about **our** products and services if **we** have received specific consent.

There is no obligation to provide **us** with personal information, but **we** cannot provide **our** products and services without it.

**Anyone whose personal information we hold has the right to object to us using it.**

**They can do this at any time by telling us and we will consider the request and either stop using their personal information or explain why we are not able to.**

**Further details can be found below.**

## 3 AUTOMATED DECISION MAKING, INCLUDING PROFILING

**We** may use automated decision making, including profiling, to assess insurance risks and administer policies. This helps **us** decide whether to offer insurance, determine prices and validate claims.

Anyone subject to an automated decision has the right to object to it. To do so they should contact **us** by emailing **us** at [accsm@allianz.co.uk](mailto:accsm@allianz.co.uk) and **we** will review the decision.

## 4 THE PERSONAL INFORMATION WE COLLECT

**We** collect the following types of personal information so **we** can complete the activities in section 2, “How **we** use personal information”:

- basic personal details such as name, age, address and gender
- family, lifestyle and social circumstances, such as marital status, dependants and employment type
- financial details such as direct debit or payment card information
- photographs and/or video to help **us** manage policies and assess claims
- tracking and location information if it is relevant to the insurance policy or claim
- identification checks and background insurance risk details including previous claims information
- medical information if it is relevant to the insurance policy or claim
- criminal convictions if it is relevant to the insurance policy or claim
- accessibility details if **we** need to make reasonable adjustments to help
- business activities such as goods and services offered.

## 5 WHERE WE COLLECT PERSONAL INFORMATION

Direct from **individuals**, their representatives or information they have made public, for example, on social media.

From other persons or organisations, for example:

- credit reference and/or fraud prevention agencies
- emergency services, law enforcement agencies, medical and legal practices
- insurance industry registers and databases used to detect and prevent insurance fraud, for example, the Motor Insurance Database (MID), the Motor Insurers Anti-Fraud and Theft Register (MIAFTR) and the Claims and Underwriting Exchange (CUE)
- insurance investigators and claims service providers
- other insurers or service providers who underwrite the insurance or provide the services for **our** products
- other involved parties, for example, claimants or witnesses.

# FAIR PROCESSING NOTICE – HOW WE USE PERSONAL INFORMATION CONTINUED

## 6 SHARING PERSONAL INFORMATION

**We** may share personal information with:

- other companies within the global Allianz Group [www.allianz.com](http://www.allianz.com)
- credit reference, fraud prevention and other agencies that carry out certain activities on **our** behalf, for example, the Motor Insurance Database (MID), the Insurance Fraud Bureau (IFB) and marketing agencies if agreed
- **our** approved suppliers to help deal with claims or provide **our** benefit services, for example, vehicle repairers, legal advisors and loss adjusters
- other insurers, third party underwriters, reinsurers, insurance intermediaries, regulators, law enforcement and the Financial Ombudsman Service (FOS); and other companies that provide services to **us** or you, for example, the Employers Liability Tracing Office (ELTO) and the Claims and Underwriting Exchange (CUE)
- prospective buyers in the event that **we** wish to sell all or part of **our** business.

## 7 TRANSFERRING PERSONAL INFORMATION OUTSIDE THE UK

**We** use servers located in the European Union (EU) to store personal information where it is protected by laws equivalent to those in the UK. **We** may transfer personal information to other members of the global Allianz Group to manage the insurance policy or claim; this could be inside or outside the EU. **We** have Binding Corporate Rules (BCR's) which are **our** commitment to the same high level of protection for personal information regardless of where it is processed. These rules align with those required by the European Information Protection authorities. For more information about BCR's, contact **our** Data Protection Officer.

Some of **our** suppliers have servers outside the EU. **Our** contracts with these suppliers require them to provide equivalent levels of protection for personal information.

## 8 HOW LONG WE KEEP PERSONAL INFORMATION

**We** keep information only for as long as **we** need it to administer the policy, manage **our** business or as required by law or contract.

## 9 KNOW YOUR RIGHTS

Any **individual** whose personal information **we** hold has the right to:

- object to **us** processing it. **We** will either agree to stop processing or explain why **we** are unable to (the right to object)
- ask for a copy of their personal information **we** hold, subject to certain exemptions (a data subject access request)
- ask **us** to update or correct their personal information to ensure its accuracy (the right of rectification)
- ask **us** to delete their personal information from **our** records if it is no longer needed for the original purpose (the right to be forgotten)
- ask **us** to restrict the processing of their personal information in certain circumstances (the right of restriction)
- ask for a copy of their personal information, so it can be used for their own purposes (the right to data portability)
- complain if they feel their personal information has been mishandled. **We** encourage **individuals** to come to **us** in the first instance but they are entitled to complain directly to the Information Commissioner's Office (ICO) [www.ico.org.uk](http://www.ico.org.uk)
- ask **us**, at any time, to stop processing their personal information, if the processing is based only on **individual** consent (the right to withdraw consent).

**If you wish to exercise any of these rights please contact our Customer Satisfaction Manager:**

Address: Customer Satisfaction Manager, Allianz,  
57 Ladymead, Guildford, Surrey, GU1 1DB

Email: [accsm@allianz.co.uk](mailto:accsm@allianz.co.uk)

Phone: 01483 552438

## 10 ALLIANZ (UK) GROUP DATA PROTECTION OFFICER CONTACT DETAILS

Allianz Insurance plc and Allianz Engineering Inspection Services Limited are companies within the Allianz Holdings.

Any queries about how **we** use personal information should be addressed to **our** Data Protection Officer:

Address: Data Protection Officer, Allianz,  
57 Ladymead, Guildford, Surrey GU1 1DB

Email: [dataprotectionofficer@allianz.co.uk](mailto:dataprotectionofficer@allianz.co.uk)

Phone: 0330 102 1837

## FAIR PROCESSING NOTICE – HOW WE USE PERSONAL INFORMATION CONTINUED

### CHANGES TO OUR FAIR PROCESSING NOTICE

Occasionally it may be necessary to make changes to this fair processing notice. When that happens **we** will provide an updated version at the earliest opportunity. The most recent version will always be available on **our** website [www.allianz.co.uk](http://www.allianz.co.uk)

### CONSENT FOR SPECIAL CATEGORIES OF PERSONAL DATA

The global Allianz Group may need to collect and process data relating to **individuals** who may benefit from the policy (“Insured Persons”), which falls within the special categories of personal data under Data Protection Legislation, for example, medical history or convictions of Insured Persons for the purpose of evaluating the risk and/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 the global Allianz Group and that this fact is made known to the Insured Persons.

By applying for and/or entering into this insurance policy you will be deemed to specifically consent to the use of the Insured Persons Personal Data in this way and for these purposes and that your directors, officers, partners, and employees have consented to the global Allianz Group using their details in this way.

### EMPLOYERS LIABILITY TRACING OFFICE

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 whilst working for employers carrying on, or who carried on, business in the UK and as a result are covered by the employers’ liability insurance of their employers, (the “Claimants”):

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

# TAX FORM

The regulations with respect to the payment of premium tax within the European Union have changed over recent years, in particular following the “Kvaerner” European High Court Judgement in June 2001. Where it was previously the responsibility of the Insured to settle their overseas’ premium tax liabilities locally with the relevant tax authorities, insurers are now increasingly being made strictly responsible for the collection of these tax amounts, along with the premium, and making the relevant payments on to those tax authorities. This is, of course the same way the UK premium tax arrangements have always operated.

For every country (including outside the EU, as other countries are now adopting similar regulations) where you have a domiciled office, you have a potential liability for insurance tax payable to the local authority. Accordingly, in order for insurers to evaluate your tax liabilities and collect the correct amount for payment to the relevant tax authorities in overseas jurisdiction (as well as in the UK), can you please provide a breakdown of your income for the last complete financial year arising from all domestic and overseas activities below. If income is derived from the United States of America or Australia, please specify the state in which the office is domiciled.

| <b>Country</b> | <b>Income derived from each domiciled</b> |
|----------------|---|
|                | %   |
|                | %   |
|                | %   |
|                | %   |
|                | %   |
|                | %   |
|                | %   |
|                | %   |
|                | %   |
|                | %   |
|                | %   |
|                | %   |
|                | %   |
|                | %   |
|                | %   |
|                | %   |
|                | %   |
|                | %   |
|                | %   |

**Authorised Signature**  **Date**

**Position in company**

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[allianz.co.uk](https://allianz.co.uk)

 [allianzUKbroker](#)

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

Allianz Insurance plc is authorised by the Prudential  
Regulation Authority and regulated by the Financial  
Conduct Authority and the Prudential Regulation Authority.

Financial Services Register number 121849.