

# Self Catering Insurance for Property Owners

Proposal

Allianz Insurance plc | Commercial



JL Morris (Insurance Brokers) Ltd. Manor House, 1 Macaulay Road,  
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## Client Details Please use BLOCK LETTERS and tick boxes where appropriate

Full Name\*

Email Address

Correspondence Address

Postcode

Telephone No.

Fax No.

Address of premises to be insured (if different from above)

Postcode

Business of Trade

Company Registration Number

Name of Letting/Managing Agency

Name of national or local Self Catering Association

Number of years at the address to be insured

Number of years as the business owner

\* If not a limited company show the full names of the sole proprietor or all the business partners.

## Period of cover

From

to noon on

## General Questions

1 Are or will the premises be used for entertainment, music dancing or gambling?

Yes

No

If 'Yes', please give details.

2 Are the premises let

i to students

Yes

No

ii to Public Authority referrals or other contract arrangements

Yes

No

iii to long term residents

Yes

No

iv for bed and breakfast purposes

Yes

No

v for tourist/commercial purposes

Yes

No

If 'Yes', please give details.

## General Questions (continued)

3 Are the premises

i a hotel or guest house?

Yes  No

ii subject to inspection or certification by the relevant fire authority?

Yes  No

4 Are the premises in an area where flooding has occurred in the last 10 years?

Yes  No

If 'Yes', please give details.

5 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 incidents which have or could have resulted in a claim for the risks proposed within the last 5 years?

Yes  No

Year	Details	Paid Cost	Estimated Cost (if outstanding)
<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 Have the premises been insured by you previously?

Yes  No

If 'Yes', please give the name of your last insurer and policy number.

7 Do you require Terrorism Cover?

Yes  No

## The Premises

Main Building

Detached Building/Outbuilding

Construction of external and party walls



Roofing material



Heating method and type of fuel



1 Are the buildings or outbuildings, including those parts not occupied by you, used for any other purpose?

Yes  No

If 'Yes', please provide details including trade(s) carried on

2 Are the premises lived in by you or your representative or do either of you live in the immediate vicinity?

Yes  No

3 Are the premises closed for business or partially unused during any part of the year?

Yes  No

If 'Yes', please state:

i for what period?

ii what arrangements have been made to supervise and heat the premises during this time?

4 In addition to the provision of accommodation what other facilities do you provide (e.g. trampoline, aerial runway, swimming pool, donkey rides etc)?



## 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 the premises are:
    - i in a good state of repair and will be so maintained
    - ii not specially exposed to risk of damage by storm or tempest
    - iii not in an area where flooding has occurred within the last ten years.
  - e all machinery, apparatus, plant and utensils are in a good state of repair and will be so maintained.
  - f 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.
  - g neither I nor any partner or director have been:
    - i convicted of any offence involving dishonesty, theft, arson or criminal damage
    - ii declared bankrupt or insolvent
    - iii a director or partner of a company that went into liquidation
    - iv the subject of a recovery action by Customs & Excise or the Inland Revenue.
  - h all sums insured stated above represent the full value of the property to be insured.
  - i I wish to modify the above statements in the following respects:
- 2 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.
- 3 I/we agree to accept Allianz's standard form of policy for this type of insurance. A specimen copy of the policy is available on request.
- 4 I/we understand that Allianz reserves the right to decline any proposal.
- 5 I 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 consent to this.

### Authorised Signature

### Date

## Important Information

### \* Material fact

Material facts are those facts which are likely to influence us in the acceptance or assessment of this proposal and it is essential that you disclose them. If you are in doubt whether a fact is material, you should disclose it, since failure to do so could invalidate your policy.

### Your Insurer

Allianz is a trading name of Allianz Insurance plc.

### Your Records

You should keep a record (including copies of letters) of all information supplied to Allianz which relates to this proposal. A copy of this proposal will be supplied on a request made within a period of 3 months after its completion.

### 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 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 must ensure that your directors, officers, partners, and employees consent to our using their details in this way or you must notify us of any objections.

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. By signing this proposal form you consent to such information being processed by us.

You must also ensure you make this fact known to the Insured Person and obtain their explicit prior consent to pass this information to us for these purposes.

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

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

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