

Proposal Form

Security Industry

Public & Products Liability Insurance



IMPORTANT NOTES

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING THE PROPOSAL FORM. WHERE FURTHER INFORMATION IS REQUIRED PLEASE ATTACH IT TO THIS PROPOSAL FORM.

This proposal must be typed, or completed in ink and signed and dated by such person (Proposer/You/Your) who must be of legal capacity and authorised by the Proposer to seek a quotation for Liability Insurance and any additional coverage that may be provided by the Insurer. Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay quotation.

Should there be insufficient room in the Proposal Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and paragraph number.

It is the duty of the Proposer to disclose all material facts to Insurers. Where this is omitted, the Insurers may avoid their obligation under the Policy.

For the purpose of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a 'material fact' shall be deemed to be one that would be likely to influence an Insurer's judgement and acceptance of Your Proposal. Upon acceptance of the Insurers' terms and conditions and payment of the premium, all information provided by the Proposer together with the guidance notes will be deemed to be incorporated in the contract between Insurers and the Proposer.

Your Duty of Disclosure

Before You enter into an insurance policy, it is Your duty to disclose every matter that You know, or could reasonably be expected to know, to be relevant to the Insurer's decision whether to give You insurance cover and, if so, on what terms.

Consequences of Non-Disclosure or Misrepresentation

If You breach Your duty of disclosure; the Insurer(s) may be able to refuse to pay a claim or to cancel Your policy. The same applies where You have made a misrepresentation, if fraudulent (ie. done deliberately for the purpose of obtaining insurance, or for obtaining it on favourable terms) the Insurer(s) may be able to 'avoid' Your policy. This means that the Insurer(s) can treat the policy as never having existed. Non-disclosure or misrepresentation in relation to one policy may affect Your ability to obtain other insurance in the future.

If You are unsure whether some information may be disclosable or not we suggest You call Your insurance broker and seek guidance.

Privacy

We are committed to protecting Your privacy. We only use the personal information You provide to us to quote on and insure this risk. We only provide Your personal information to our Insurer(s) and Reinsurers (and their representatives) and those we appoint to assist us with claims under Your policy (ies). We do not trade, rent or sell Your information. Some or all of the Insurer(s) and Reinsurers may be overseas.

If You don't provide us with complete information, we cannot properly quote for Your insurance and we cannot insure You. You can check the information we hold about You at any time. For more information about our Privacy Policy, ask us for a copy. Copies of the Proposal Form should be retained for Your own records.

Excess

The policy provides that You will be required to bear a specified amount of all claims and this is for each and every claim made against You including defence costs. We will let You know when the excess is payable.

Your Legal Liability

If you take out a Liability cover section, the financial risk of court awards through litigation is ever increasing and we recommend that You select a Limit of Liability that takes into account the future cost of claims including legal fees and costs of defence. Even higher limits are available than your current limit if required. Defence costs are included within the limit of liability, when you take out a Liability cover section.

Waiver of Rights

If You have entered into an agreement with another party, which prevents your Insurer from taking recovery action for compensation from that party it may affect Your rights to cover under this Policy. Should You now be a party to such an agreement or be requested to enter such an agreement in the future, please advise your Broker in writing so we may notify the Insurer.

Risk Survey

Acceptance of the proposed risk may be subject to a survey to be carried out by or on behalf of the Insurers. In the event that the survey results in findings of misrepresentation, Insurers may be able to decline any potential claim. Please note that by carrying out a site survey and report any ensuing requirements &/or recommendations shall not constitute any undertakings on the part of the Insurers or others to determine or warrant that the premises surveyed are safe, fit or compliant with any Federal, State, Local Government law, statute, by-law, rule, regulation, building code or the like.

Broker

Contact Name

Phone

Fax

Email

Insured's Details

Full Name(s) to be Insured

Company Name

Tax Status Registered Business yes no ABN

Contact Details Name Phone
Mobile Fax
Email

Primary Location

Period of Proposed Insurance From / / at 4pm local time To / / at 4pm local time

Current Insurance Details

Current Insurer/Policy Expiry Date

Limit of Indemnity Last Year's Premium

General Information

How many years of experience in the Security Industry? Date Established

Company's Master Licence Number Membership Body

Describe all security checks undertaken for new staff (Attach details if more space is required)

Estimated Annual Payroll \$ Estimated Payments to Sub Contractors \$

NSW	<input type="text"/> %	SA	<input type="text"/> %
QLD	<input type="text"/> %	NT	<input type="text"/> %
VIC	<input type="text"/> %	WA	<input type="text"/> %
ACT	<input type="text"/> %	TAS	<input type="text"/> %

Actual Turnover (Previous Year) \$ Estimated Turnover (Current Year) \$

Number of Full Time Employees Number of Principals

Number of Licensed Security Guards

Are you represented outside of Australia yes no if yes provide details

Limit of Indemnity Required \$5,000,000
\$10,000,000
\$20,000,000

Is Errors & Omissions Cover Required? yes no

Is Loss of Keys Cover Required? yes no Limit Required \$25,000
\$50,000
\$100,000

Guard Dogs

Do you use Guard Dogs? yes no If yes, how many?

Duties Performed

Firearms

Do you use Firearms? yes no If yes, how many firearms do you own?

Duties Performed

Weapons & Protection Equipment

Will staff be required to wear any of the following whilst on duty?

Uniforms yes no

Weapons yes no

Other Protective
Equipment / Weapons? yes no

If yes, please provide details

Care, Custody or Control (Property In your physical or legal control other than cash or keys) - Negligence Cover Only

Do you require cover for property of others in your care, custody or control? yes no

What limit of Indemnity do you require?

What is the total value of all property at such locations?

What is the maximum value of any one item?

Please provide a brief description of such property

Contractual Liability

Do you assume liability under contract or hold others harmless (other than lease liability)? yes no

If yes, please provide full details and attach copies of all agreements (other than lease liability)

Claims and/or Loss Experience

Over the last five years, have you experienced any incidents or losses (including claims losses, uninsured losses, reported possible losses and any unreported incidents that could become a loss) that would have been covered under this proposed insurance? If yes, please attach the loss experience to this proposal form yes no

Previous Insurance History

Have you or any of your Directors, Partners, Employees or Sub Contractors ever been charged with a criminal offence? yes no

Have you ever had any:

Insurance declined or cancelled?	yes <input type="checkbox"/>	no <input type="checkbox"/>
Renewal refused?	yes <input type="checkbox"/>	no <input type="checkbox"/>
Special Conditions imposed?	yes <input type="checkbox"/>	no <input type="checkbox"/>
Increased excess imposed?	yes <input type="checkbox"/>	no <input type="checkbox"/>
Claims denied for this class of insurance?	yes <input type="checkbox"/>	no <input type="checkbox"/>
Been declared insolvent / bankrupt?	yes <input type="checkbox"/>	no <input type="checkbox"/>

If yes, to any of the above, please provide details

Declaration

I/We Understand the terms, limitations and exclusions as described in this proposal.
Have complied with the requirements of the Statutory Notice and the Important Notices shown on this Proposal.
Declare that the information provided in the Proposal is true and correct.
Acknowledge you reserve the right to decline any application.

Acknowledge that I/We have carefully read and understand every part of this Proposal which was filled in by someone other than me/us. I/We further acknowledge that each such part is true and correct and is to be taken as having been filled out by me/us.

Proposer's Signature

Dated

ADDENDUM 1
Security Systems Supplementary Questionnaire

Where you install Security Systems, please complete the following:

Are components to the system manufactured or assembled by you? yes no
 If yes, where such Products are manufactured/assembled by you under licence, please provide copies of the Licence Agreements and specify the Products

Are the components to the system manufactured by others? yes no
 Where such Products are manufactured/assembled by others under Licence from you, please provide copies of the Licence Agreements and specify the Products

Do you design any of the systems, or components thereof? yes no

If yes, do you operate a Research and Development Department? yes no
 If yes, please provide relevant details and qualifications of all personnel

TABLE 1 Please provide below details of all Products manufactures, assembled, sold, supplied, serviced, treated or altered by you, together with anticipated failure rate and estimated turnover for the forthcoming twelve months

Description of Product	Anticipated Failure Rate	Estimated Annual Turnover
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

TABLE 2 Products manufactured/assembled by you - no design

Description of Product	Anticipated Failure Rate	Estimated Annual Turnover
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

TABLE 3 Products sold, supplied or distributed by you - no design or manufacture/assembly

Description of Product	Anticipated Failure Rate	Estimated Annual Turnover
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

TABLE 4 If any new Products, not detailed above, are contemplated by you during the next twelve months, please provide details, and advise which category of Tables 1, 2 or 3 above applies

Description of Product	Category	Estimated Annual Turnover
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

TABLE 5 If you export any Products please provide details below. "Representation" in the Country means Branch, Subsidiary Company, Agency etc

Description of Product	Country of Destination	Representation	Estimated Annual Turnover
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TABLE 6

1. The fees earned where you provide only design or advice service ie. you do not undertake any installation \$
2. The turnover where you install and the system design is not provided by others \$
3. The turnover where you install and the system design is provided by others \$

ADDENDUM 3 Cash In Transit

How many years in business as carriers?

Date Established

Amounts Insured

What limits of insurance do you require for insured property ?

On the premises specified in the schedule	In vault / safe	\$ <input type="text"/>
	Out of vault	\$ <input type="text"/>
	Whilst in vehicles	\$ <input type="text"/>
Pavement limit (<i>not including ATM operations</i>) Note: You may require separate limits in secure and non-secure (Continue on a separate sheet if necessary)		\$ <input type="text"/>
	ATM operations Note: This should be your maximum exposure in respect of any one ATM	\$ <input type="text"/>

Amounts Exposed

What was your annual gross revenue from all armoured car operations for the last 12 month accounting period and what is your estimate for the next accounting period ?

last	\$ <input type="text"/>
next	\$ <input type="text"/>

What was the total face value of the cargo carried by your armoured car operations in the last 12 months ?

	Secure area to secure area	Other
Federal Runs	\$ <input type="text"/>	\$ <input type="text"/>
Bank to Bank	\$ <input type="text"/>	\$ <input type="text"/>
Retail Stores	\$ <input type="text"/>	\$ <input type="text"/>
Other (specify)	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

What are the total values exposed at the premises ?

(a) in safes and vaults	\$ <input type="text"/>
(b) outside safes and vaults	\$ <input type="text"/>

What is the maximum value of cash and valuables carried in any one vehicle at any one time?

What is the maximum value which is at risk at any one time outside a vehicle off the premises (pavement)?

Do you always use a crew of at least 2 persons? If No, give details (Continue on a separate sheet if necessary)

yes no

Do you engage in first or second line maintenance of ATMs? yes no

Do you replenish or collect deposits from ATMs? yes no

What is the maximum number of ATMs each ATM crew has access to at any one time?

First line maintenance	<input type="text"/>
Replenishment or second line maintenance	<input type="text"/>

Does each ATM crew return all materials giving means to access to ATMs to your premises at the end of each shift? If No, give details (Continue on a separate sheet if necessary)

yes no

Do you have sole access to and control over any ATMs? If Yes, give details (Continue on a separate sheet if necessary)

yes no

ADDENDUM 3 Cash In Transit

Physical Security on Premises

How is entry and exit to the premises controlled for the following? Give full details (Continue on a separate sheet if necessary)

(a) Vehicle

(b) Personnel and visitors

State make, model and U.L. rating of your safes and vaults.

	Make	Model	Size	Weight	U.L. Rating
Safe	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vault	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Specify all alarm systems on your premises. Attach copies of U.L. Certificates for each of the above systems.

PREMISES

U.L. extent
Is it partial or complete coverage of all safe(s) and vault(s)

U.L. Grade : A,B,C, AA, BB, or CC

Type of System: central station, police connect, mercantile or local mercantile

Date U.L. certificate expires

Servicing or maintenance company

Alarm

Are there hold up buttons on your premises?

yes no

How many members of your organisation have been entrusted with

(a) keys?

(b) alarm code?

(c) vault/safe combinations?

Do you practice dual control for opening and closing of all safes and vaults? If No, give details

yes no

Procedures & Manning

State numbers employed in each category

- (a) Management
- (b) Supervisory
- (c) Office/clerical
- (d) Sales
- (e) Crewmen
- (f) Mechanics
- (g) Vault custodian
- (h) Others

Full Time

Part Time

Will your premises be manned 24 hours a day? If No, give details (Continue on a separate sheet if necessary)

yes no

What are your business hours ? ("business hours" throughout this proposal refers to this answer)

until

What is the minimum number of personnel on duty at your premises?

(a) during closed periods

(b) during business hours

Are all your vaults and safes shut, locked and alarmed outside of business hours?

If No, give details (Continue on a separate sheet if necessary)

yes no

ADDENDUM 3 Cash In Transit

Do you require your employees to submit to the following tests? If no, give details

- | | | | | | |
|-----|---------------|-----|--------------------------|----|--------------------------|
| (a) | medical | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| (b) | polygraph | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| (c) | psychological | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| (d) | narcotics | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |

When screening new employees do you conduct the following checks? If no, give details (Continue on a separate sheet if necessary)

- | | | | | | |
|-----|-----------------------------|-----|--------------------------|----|--------------------------|
| (a) | prior employment references | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| (b) | credit | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| (c) | neighbourhood | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| (d) | criminal records | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| (e) | driver records | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |

How long as a minimum do you employ people before allowing them to carry cash?

What will be the minimum number of crew (including driver) who ride in each vehicle on operations?

Up to limit of	No of crew
\$ <input style="width: 100px;" type="text"/>	<input style="width: 80px;" type="text"/>
\$ <input style="width: 100px;" type="text"/>	<input style="width: 80px;" type="text"/>
\$ <input style="width: 100px;" type="text"/>	<input style="width: 80px;" type="text"/>

Will at least one member of the crew stay in each vehicle during operations regardless of circumstances? yes no

Do you use a radio communication system that is fully functional for all your operations? yes no

In case of an attack (premises or vehicle) have you an automatic code or alarm procedure (or similar emergency procedure) yes no

Do management regularly monitor operational crew performance and retain such records on file? yes no

Do you carry out random credit checks on existing employees? yes no

Annex to this proposal a copy of any standard form contract pursuant to which you do business with your customers.

Annex to this proposal a copy of the company procedures manual, detailing personnel training, vehicle maintenance and vehicle check procedures.

Declaration

I/We:

Proposer's Signature Dated

Acknowledge that I/We have carefully read and understand every part of this Proposal which was filled in by someone other than me/us. I/We further acknowledge that each such part is true and correct and is to be taken as having been filled out by me/us.

Declaration

The Proposer declares and warrants that after full and reasonable enquiry and to the best of his/her knowledge and belief all statements and particulars contained in this Proposal Form and (if applicable) addenda hereto are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal Form and that should the above particulars alter in any way confirms that he/she will advise the Underwriters as soon as is practicable.

The Proposer further declares and warrants that he/she has been duly authorised by the Directors and Officers and the Company to act as their agent in respect of all matters of any nature or kind relating to or affecting this Proposal Form and the Policy.

The Proposer understands that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the Proposal Form may result in the Underwriters refusing to provide indemnity or voiding the Policy in every respect.

The Proposer hereby agrees and accepts that this Proposal Form and (if applicable) addenda hereto shall be the basis of the contract of insurance if entered into.

The Underwriters are hereby authorised, at their absolute discretion, to make any investigation and enquiry in connection with regard to this Proposal as they deem necessary.

FOR AN ON BEHALF OF (Name of Company)

SIGNATURE

Dated

NAME OF SIGNATORY

Position *

* Should be the Chairman, Managing Director or Chief Executive of the Company