

Renewal Questionnaire
Security Industry
 Public & Products Liability Insurance



Policy Number	<input type="text"/>		
Insured's Name	<input type="text"/>		
Base of Operation	<input type="text"/>		
	State	<input type="text"/>	Postcode <input type="text"/>
Contact Name	<input type="text"/>	Mobile	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		

Estimated Annual Turnover coming 12 months \$ Estimated Payroll \$

Estimated Sub-Contractor Payments \$

Actual Annual Turnover previous 12 months \$ Actual Payroll \$

Actual Sub-Contractor Payments \$

Limit of Indemnity \$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

Excess Options (\$10,000 min for Crowd Control) Discounts apply for voluntary excess \$2,500 \$5,000 \$10,000 \$15,000 \$25,000

Is Cover for Cash in Transit Required? yes no

Limit Required \$10,000 \$15,000 \$25,000 Other

Do you use Guard Dogs? yes no

Do you use Firearms? yes no

Insured's Details

Work Undertaken	% of Total Annual Turnover	% of Turnover Subcontracted
Mobile Patrols / Static Guarding - Residential Properties, Offices, Strata	<input type="text"/>	<input type="text"/>
Mobile Patrols / Static Guarding - Retail, Shopping Centres, Parking Lots	<input type="text"/>	<input type="text"/>
Mobile Patrols / Static Guarding - Warehouses, Manufacturing & Other Industrial Sites	<input type="text"/>	<input type="text"/>
Alarm Response	<input type="text"/>	<input type="text"/>
Cash In Transit (CIT) (Please complete Addendum 3 - Cash In Transit)	<input type="text"/>	<input type="text"/>
Concierge	<input type="text"/>	<input type="text"/>
Bodyguard	<input type="text"/>	<input type="text"/>
Traffic Control (Please attach details explaining work undertaken)	<input type="text"/>	<input type="text"/>
Debt Collector	<input type="text"/>	<input type="text"/>
Private Investigator	<input type="text"/>	<input type="text"/>
Alarm Monitoring - Residential	<input type="text"/>	<input type="text"/>
Alarm Monitoring - Commercial (Offices & Retail)	<input type="text"/>	<input type="text"/>
Alarm Monitoring - Manufacturing, Warehousing, Agricultural	<input type="text"/>	<input type="text"/>
Security Consultant (Including Sales of Security Products, Loss Prevention Officers, Risk Management)	<input type="text"/>	<input type="text"/>
Alarm Products Design / Alteration	<input type="text"/>	<input type="text"/>
Alarm Installation / Service & Maintenance - Non Residential	<input type="text"/>	<input type="text"/>
Alarm Installation / Service & Maintenance - Residential	<input type="text"/>	<input type="text"/>
Crowd Control (ie. Hotels, Events etc)	<input type="text"/>	<input type="text"/>
Security Trainers	Number of Trainers <input type="text"/>	<input type="text"/>
Airport Security (Please attach details explaining work undertaken)	<input type="text"/>	<input type="text"/>
Other (please describe)	<input type="text"/>	<input type="text"/>
<input type="text" value="(Please attach details explaining work undertaken)"/>		

Claims History: Over the last 5 years have you experienced any incidents or losses (including claimed losses, uninsured losses, reported possible losses or any unreported incidents that could become a loss) that would have been covered under this proposed insurance? Please provide details:

Declaration

I/We:

- Declare that the information provided in this Questionnaire is true and correct.
- Acknowledge you reserve the right to decline any application.

Proposer's Signature Dated

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