



UNDERWRITING AGENCY

Excess Theft and Money Proposal Form

Important Notices:

Please read the following advice before completion of this Proposal Form

- The persons whose interests are to be insured under this policy should understand the terms, definitions and cover provided by this policy by reference to our Policy Wording. It is available from Your Insurance Adviser or our Website.
- When SRS Underwriting Agency Pty Ltd place this policy of insurance under an authority given to us by the Insurer, we will be effecting the contract as Agent of the Insurer.

Your Duty of Disclosure.

When we provide Insurance terms for you, whether for a new policy, renewal of a policy or changes to or reinstatement of your policy, we rely on the information you provide to us. You must tell us anything that you know, or should know, that could affect

- Our decision to insure you,
- the amount of the premium we charge you or
- whether we should impose special conditions to this cover.

You do not need to tell us about anything which:

- Reduces the likelihood of a claim
- Is of common knowledge
- We know, or as an Insurer should know
- We indicate that we do not want to know

What you must tell us. When answering our questions, you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

Who needs to tell us. It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

If you do not tell us. If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the policy as never having existed

Privacy Statement

We are committed to protecting your privacy. We only use the personal information you provide to us to quote on and insure your risks. We only provide personal information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with claims under your policy. We will not trade, rent or sell your information.

If you do not provide us with complete information, we cannot properly quote for your insurance and we cannot insure you. You can check the personal information we hold about you at any time.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, ask us for a copy or visit our website.

No Cover if Rights "Signed Away"

This policy does not cover loss, destruction, damage or legal liability in respect of which any right which you may otherwise have had against any person, company or partnership is excluded or limited by reason of any agreement you may enter into.

Please be careful before you sign anything that you do not jeopardise your entitlement to be covered under this Policy.

Persons Covered

Unless this insurance is otherwise extended, the insurance proposed here will, when incepted, cover only the interests of those persons/entities specifically named in this proposal and accepted by us. It will not cover the interests of any other persons / entities.

Please note if there is insufficient space provided to fully answer any question, please attach an additional sheet of paper with the extra information as required. All such attachments will form part of your application for insurance and be subject to the Declaration on the last page of this Proposal.

Please answer all questions. Any question left unanswered or answered as known to broker or insurer or otherwise answered in an incomplete way may delay the processing of your request for this insurance. **Ensure the cover you request is adequate for your requirements.**

Your Insurance adviser can assist you to complete this form. They will send it to us so that we may quote on your insurance request.

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providing first class insurance solutions ...

Please print and/or tick the appropriate answers to the all questions below.

This application is for New Business Renewal - Policy Number (if known) is:.....

1. Proposer(s)

Name(s) in full of Principals/Partners/Directors:
Trading Name:
Postal Address: Postcode:.....
Contact Name: Email:.....
Phone:..... Fax:.....

2. List all the addresses from which you operate:.....

3. Names under which you have traded previously in this industry:.....

4. Full Name of Mortgagee or other Interested Party:.....

5. Business Description:.....

6. Period of Insurance Requested: From: at 4pm To: at 4pm

7. Procedures and Staffing

(i) Please state your business hours:.....

(ii) Are your premises staffed twenty four hours a day? Yes or No

If No, please provide details of when they are staffed:

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

(a) During Business Hours:

(b) Outside Business Hours:

(iv) Are all your vaults and safes shut, locked and alarmed

(a) During Business Hours Yes or No

(b) Outside Business Hours Yes or No

If No for (b), please state why:.....

(v) How is entry and exit controlled at the premises:.....

(vi) State the specifications for your safes and vaults:.....

(vii) Specify the alarm system on your premises. Please details the manufacturer, grading, features (eg. back to base, panic buttons, etc) any maintenance contract in force (including company and frequency), entrances and exits including windows monitored, rooms including roof (attic area) and cellar areas monitored and what physical security exists (eg. barred windows, caged doors, etc).

(viii) How many staff have been entrusted with:

(a) Key(s):.....

(b) Alarm Code(s):.....

(c) Vault / Safe Combination:

(ix) Do you practice dual control for opening and closing of all safes and vaults? Yes or No

providing first class insurance solutions ...

8. History

- (i) How many years have you been in business?.....
- (ii) Have you been or are you currently insured? Yes or No
If Yes, please provide full details:
- (iii) Has a director, principal or partner ever been bankrupt over the past ten years? Yes or No
If Yes, please provide full details:

9. Insurance History

Has any Insurer ever declined, refused to renew, cancelled, or imposed special terms or conditions on any proposal, renewal or policy held by you? Yes or No
If yes, please provide details:

10. Claims

After investigation with present and past insurers,

- (i) Have you had any losses or claims in the past ten years, whether covered by insurance or not? Yes or No
If yes, please provide the following details:

Date	Amount	Circumstance of Loss	Loss Paid / Unpaid	Recovered

- (ii) Please detail what steps you have taken to prevent the possibility of similar losses occurring in the future:.....
- (iii) Are you aware of any shortages or claims of shortages of monies asserted or discovered by any customer, bank, state or federal regulator or any other organisation over the past six years? Yes or No
If Yes, please state what remedial steps have been taken:

11. Duty of Disclosure

Are there any other matters to disclose to us to fulfil your Duty of Disclosure? Yes or No
If yes, please provide relevant details:.....

Declaration and agreement:

I/We agree to make the property to be insured by this policy available for inspection by SRS or their representatives.
 I/We acknowledge that no cover is provided unless and until, underwriters advise in writing of the cover and terms which they can provide, this cover and terms is then accepted by the Insured, Underwriters are advised of acceptance of their cover and terms offer and SRS acknowledges to the Insured that Cover is provided.
 If additional pages are attached for inclusion in this proposal they form part of this proposal.
 The answers and information given by me/us in this proposal are true and correct in all respects.
 Where answers in this proposal are not in my/our own handwriting, they have been checked by me/us and I/we agree that they are correct and that the other person who completed this form did so as my Agent.
 I/We acknowledge having been clearly informed of and understand the effect of all of the Notices on Page 1 of this Form.
 I/We authorise SRS to give to, or obtain from other insurers or an insurance or credit reference bureau, any information relating to or which may impact on this insurance cover, and any other insurances held by me/us and claims under those insurances.
 By signing this application, I/We agree to SRS collecting, using and disclosing my/our personal information, including sensitive information if applicable, in accordance with the Privacy Statement and the SRS Privacy policy.

Signature/s:..... **Date:**

Full Name of such Person: **Title:**