



## Professional Money Carriers 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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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. Period of Insurance Requested: From: ..... at 4pm To: ..... at 4pm

5. Personnel

(i) Do you require your employees to submit the following tests? Please specify the frequency the tests must be carried out.

- Medical  Yes or  No Frequency:..... months
Drug  Yes or  No Frequency:..... months
Psychological  Yes or  No Frequency:..... months
Polygraph  Yes or  No Frequency:..... months

(ii) When screening new employees, do you conduct the following checks:

- (a) Prior Employment  Yes or  No
(b) Credit  Yes or  No
(c) Criminal records  Yes or  No
(d) Driving records  Yes or  No
(e) Neighbourhood  Yes or  No

(iii) How often will random credit checks be carried out? .....

(iv) Do you have the following records for ALL employees at your branch or corporate office?

- (a) Drivers Licence  Yes or  No
(b) Photographs  Yes or  No
(c) Social security numbers  Yes or  No
(d) Fingerprints  Yes or  No

(v) How regularly does management monitor operational crew performance and retain such records on file? .....

6. Amounts Insured

- (i) How many carriers per week? .....
(ii) What will be the maximum amount one carry? .....
(iii) What is the average carry limit?.....
(iv) What transit limit (any one vehicle carry) is required? .....
(v) What will be the maximum pavement limit for which cover is required? .....
(vi) What are the total values exposed at your premises:
(a) During Business Hours (Hold-up) \$ .....
(b) Outside Business Hours (in locked safe / vaults) \$ .....

- (vii) What was the annual aggregate carry for the past twelve months? \$ .....
- (viii) What is the estimated annual aggregate carry for the next twelve months? \$ .....

**7. Procedures and Staffing**

Questions relating to the premises need only be answered if cover is required for money on premises.

(i) State numbers employed in each category

	<i>Full Time</i>	<i>Part Time</i>
Management .....	.....	.....
Supervisory .....	.....	.....
Office / Clerical .....	.....	.....
Sales .....	.....	.....
Crewman .....	.....	.....
Mechanics .....	.....	.....
Vault Custodian .....	.....	.....
Others .....	.....	.....

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

(iii) Are your premises staffed twenty four hours a day?  Yes or  No  
If No, please provide details of when they are staffed: .....

(iv) What is the minimum number of personnel on duty at your premises and how many are armed?

	<i>Number of Personnel</i>	<i>Number Armed</i>
(a) During Business Hours: .....	.....	.....
(b) Outside Business Hours: .....	.....	.....

If no personnel for (b), please state why: .....

(v) 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: .....

(vi) How long, as a minimum, do you employ people before allowing them to crew:

- (a) An armoured vehicle: .....
- (b) Operation of the vault: .....
- (c) Operation of the safe: .....
- (d) Other operations where there is contact with money and / or valuables: .....

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

- (a) Up to limit of \$ ..... Total Crew: ..... Armed Crew: .....
- (b) Up to limit of \$ ..... Total Crew: ..... Armed Crew: .....
- (c) Up to limit of \$ ..... Total Crew: ..... Armed Crew: .....
- (d) Up to limit of \$ ..... Total Crew: ..... Armed Crew: .....

(viii) When armoured vehicles are no in a secured and guarded concourse, will there be at least one member of the crew stay in each vehicle during operations regardless of circumstances?  Yes or  No

(ix) What is the standard type of communication system(s) that is fully functional and reliable for all your operations? .....

**8. Physical Security at Premises and Vehicles**

Questions relating to the premises need only be answered if cover is required for money on premises.

- (i) How is entry and exit controlled for the following at the premises:
  - (a) Vehicles: .....
  - (b) Personnel and Visitors: .....
- (ii) State the specifications for your safes and vaults: .....
- (iii) 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).  
.....  
.....  
.....
- (iv) How many staff have been entrusted with:
  - (a) Key(s):.....
  - (b) Alarm Code(s):.....
  - (c) Vault / Safe Combination: .....
- (v) Do you practice dual control for opening and closing of all safes and vaults  Yes or  No
- (vi) Do you have an alarm system whereby records are kept as to the time (including the date) when employees and visitors entered and departed the building?  Yes or  No
- (vii) In case of any attack on a terminal, have you an automatic code or alarm which will instruct all vehicles to disregard further orders from that terminal and proceed directly to the nearest Police station or similar in an emergency situation?  Yes or  No
- (viii) Give names and addresses of two referees in your trade:
  - 1. ....
  - 2. ....
- (ix) What associations are you a member of?.....
- (x) Please attach a set of your latest audited financial statements to this proposal.
- (xi) Please attach the standard contract which is given to the customers who do business with your firm.

**9. Please complete the attached Register of Vehicles for all of your vehicles**

**10. History**

- (i) How many years have you been in business as carriers of money and / or valuables? .....
- (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: .....

**11. 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: .....

.....

.....

**12. 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: .....

.....

.....

**13. 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:** .....

**PLEASE SEE NEXT PAGE FOR REGISTER OF VEHICLES**

### REGISTER OF VEHICLES

	Make of Vehicle	Model of Vehicle	VIN, Chasis and Registration Number of the Vehicle.	Specification of Armour	Is the vehicle fitted with a 2-way radio?	What type of security systems are fitted (eg. alarms, immobiliser, traders)	Is there a bulkhead that fully protects at least one crew member whilst any one door to the armoured vehicle is open?	Are vehicles maintained by Proposer's staff on the Proposer's premises?
1.					<input type="checkbox"/> Yes or <input type="checkbox"/> No		<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
2.					<input type="checkbox"/> Yes or <input type="checkbox"/> No		<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
3.					<input type="checkbox"/> Yes or <input type="checkbox"/> No		<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
4.					<input type="checkbox"/> Yes or <input type="checkbox"/> No		<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
5.					<input type="checkbox"/> Yes or <input type="checkbox"/> No		<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
6.					<input type="checkbox"/> Yes or <input type="checkbox"/> No		<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
7.					<input type="checkbox"/> Yes or <input type="checkbox"/> No		<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
8.					<input type="checkbox"/> Yes or <input type="checkbox"/> No		<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
9.					<input type="checkbox"/> Yes or <input type="checkbox"/> No		<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
10.					<input type="checkbox"/> Yes or <input type="checkbox"/> No		<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No