



Security Guards Liability 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 Proposer:.....

Trading Name:

Postal Address:..... Postcode:

Telephone: Fax:

Name(s) of Partners / Directors:.....

Background of Partners / Directors:

2. Business Details

Date Established:

Licence Number:

Number of Security Guards Employed: Full Time:..... Part Time:.....

Are you a member of the Trade Association? Yes or No

If Yes, please provide details:

3. Period of Insurance From: at 4pm To: at 4pm

4. Estimated Annual Turnover \$

5. Estimated Annual Wages \$

6. What percentage of turnover is derived from the following:

- Design or alteration of security systems%
Installation of security systems%
Monitoring of Alarms%
Responding to Alarms%
Static Guarding (eg. business premises, shopping centres, banks, gate-houses, building sites, car parks)%
Mobile Patrols%
Cash carry%
Crowd control, eg. Hotels, concerts, discos, baton work, martial arts, defence workshops%
Manufacture of security systems%
Investigation%
Guard dog training%
Fire sprinkler system installation%
Design, supply or installation of computer equipment%
Key custody%
Other *%

* Please provide details:.....

7. Public Liability

(i) Limit of Indemnity required: \$

(ii) Please state estimated turnover for the coming year: \$

(iii) Contractors / Sub-Contractors

Do you use contractors and/or sub-contractors to perform work in your business operations? Yes or No

If Yes,

Do they work under your direct supervision or control? Yes or No

What is the estimated annual Payment: \$

What is the nature of work carried out:

Are contractors / sub-contractors required to carry their own insurance for;

i) Public liability Yes or No

ii) Workers' compensation Yes or No

If yes, how is this checked?

.....

What is the minimum limit for their public liability insurance? \$

(iv) Labour Hire

Do you use personnel supplied by labour hire companies to perform work in your business? Yes or No

If Yes, please advise

<i>Company</i>	<i>Type of Works</i>	<i>Annual Payments</i>
.....
.....
.....

Are you required to insure these labour hire personnel for Workers Compensation? Yes or No

Please provide copies of the indemnity and insurance clauses of agreements entered into with the labour hire company.

(iv) Do you provide guard dog security? Yes or No

If Yes, please state:

(a) Are dogs permanently under the control of a handler? Yes or No

If No, please provide details:

.....

(b) Total number of dogs:

(c) Are all dogs properly kennelled when not being used for guard duty? Yes or No

(d) Are all dogs professionally trained prior to being used for guard duty? Yes or No

(v) Do you use firearms? Yes or No

If Yes, please state:

(a) Number of guards licensed to use firearms:

(b) Number and type of firearms used:

(c) Are all firearms serviced each year? Yes or No

(d) How often is shooting practice undertaken each year and provide details:

.....

(vi) Do you use batons? Yes or No

If Yes, please state:

(a) Number and type of batons used:

.....

(b) Details of training undertaken:.....

(vii) Do you provide warning signs or notices? Yes or No
 If Yes, please state:

(a) Types of signs / notices:.....

(b) Are signs well posted and open to full display? Yes or No

(c) Do you display signs at minimum distances? Yes or No

(viii) Do you provide indemnities, hold harmless conditions to any customers, suppliers or other parties? Yes or No
 If Yes, please provide a copy of the contract(s).

(ix) Do you contract to any State or Federal Authorities or Airports? Yes or No
 If Yes, please provide full details:

.....

8. Claims History

After investigation with present and past insurers, have any claims been made upon you or notified (whether insured or not) in respect of any of the above mentioned risks during the past five years? Yes or No

If Yes, please provide the following details:

Year	Brief Details and Type of Loss	Claim Amount or Reserve Amount	Amount Paid to any Other Parties

9. Screening Procedures

It is imperative that this section is fully completed as the information is relevant to all sections of the policy.

Please provide below details of the procedures followed by your company for making enquiries concerning the background of your prospective employee(s):

.....

It is a requirement and condition of the insurance that satisfactory references must be obtained going back to a period of at least five years or to school leaving age before a person is employed. (If verbal references are obtained these must be appropriately recorded on the personnel file) and the person placed on probationary employment for three months but written reference must be obtained for the period of at least five years within the three months probationary period. Please confirm that your procedures comply with the above requirements. Yes or No

If your procedures are not in accordance with the above, please five details of your system:

.....

PLEASE ALSO FURNISH A COPY OF YOUR EMPLOYMENT APPLICATION FORM.

10. Present / Previous Insurances

Please provide names of your current and previous Brokers and Underwriters:

.....
.....

11. Insurance History

(i) 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

(ii) Have you, the Proposer, or any other partner or director ever been convicted of or charged (but not yet tried) with a criminal offence? Yes or No

(iii) To your knowledge, have any employees ever been convicted of or charged (but not yet tried) with a criminal offence? Yes or No

If Yes to any of the above, please provide full details:
.....
.....

12. 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:**