



**ASR** Underwriting Agencies

# Proposal Form

PUBLIC & PRODUCTS LIABILITY

**SECURITY INDUSTRY**

Arranged through ASR Underwriting Agencies Pty Ltd Underwritten by Certain Underwriters at Lloyd's

## 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 contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

**If you do not tell us something:** If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

## PRIVACY

We are committed to protecting your privacy. We use the information you provide to us to assist with your insurance needs. We provide your information to insurance underwriters, brokers and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to certain Underwriters at Lloyd's when we are seeking insurance terms from them, or to reinsurers who are located overseas. We also supply your information to the providers of our policy administration and underwriting systems that help us to maintain our products and services. You will be advised where those companies are located at the time any advice is given to you. We do not trade, rent or sell your information. If you do not provide us with full information, we cannot properly seek insurance terms for you, or assist with claims and you could breach your duty of disclosure. For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy by telephone to our Privacy Officer on 07 3442 3301 or visit our website [www.asruw.com.au](http://www.asruw.com.au)

## 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 DETAILS

|               |  |              |  |
|---------------|--|--------------|--|
| Broker Name   |  | Contact Name |  |
| Phone Number  |  | Fax Number   |  |
| Email Address |  |              |  |

## INSURED'S DETAILS

|                              |                     |                              |                             |       |                   |
|------------------------------|---------------------|------------------------------|-----------------------------|-------|-------------------|
| Full name(s) to be insured   |                     |                              |                             |       |                   |
| Company name                 |                     |                              |                             |       |                   |
| Tax status                   | Registered business | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 subcontractors |                              | \$  |                                    |   |    |   |
| Show percentage of work performed in each state:   | NSW  | %                                    | ACT                          | %   | QLD                                | %   | WA | % |
|  | VIC  | %                                    | TAS                          | %   | SA                                 | %   | NT | % |
| 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 (if Yes, provide details)                               |  |                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No   |                                    |   |    |   |
| Limit of indemnity required  | <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> \$10,000,000 <input type="checkbox"/> \$20,000,000 |                                      |                              |   |                                    |   |    |   |
| Is errors & omissions cover required?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                      |                              |   |                                    |   |    |   |
| Is loss of keys cover required?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                      | Limit required               | <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000                                  |                                    |   |    |   |
| Is cover for cash required?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                      | Limit required               | <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other \$ |                                    |   |    |   |
| <b>Excess Options</b> (minimum \$2,500 standard excess, \$10,000 crowd control)                  |  |                                      |                              | <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$10,000  |                                    | <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 |    |   |
| Discounts apply for voluntary excess   |  |                                      |                              | <input type="checkbox"/> \$5,000  |                                    |   |    |   |

## BUSINESS ACTIVITIES

| Work undertaken   | % of total annual turnover | % of turnover subcontracted |
|---|----------------------------|-----------------------------|
| Mobile patrols/static guarding – residential properties, offices, strata              |                            |                             |
| Mobile patrols/static guarding – retail, shopping centres, parking lots               |                            |                             |
| Mobile patrols/static guarding – warehouses, manufacturing and other industrial sites |                            |                             |
| Alarm response  |                            |                             |
| Cash in transit (CIT) (please complete Addendum 3 – Cash In Transit)                  |                            |                             |
| Concierge   |                            |                             |
| Bodyguard   |                            |                             |
| Traffic control (please attach details explaining works undertaken)                   |                            |                             |
| Debt collector  |                            |                             |
| Private investigator  |                            |                             |

## BUSINESS ACTIVITIES

| Work undertaken   | % of total annual turnover | % of turnover subcontracted |
|---|----------------------------|-----------------------------|
| Alarm monitoring - residential  |                            |                             |
| Alarm monitoring – commercial (offices and retail)  |                            |                             |
| Alarm monitoring – manufacturing, warehousing, agricultural   |                            |                             |
| Security consultant (including sales of security products, loss prevention officers, risk management)                                       |                            |                             |
| Alarm products design/alteration<br>(please complete Addendum 1 – Security Systems Supplementary Questionnaire)                             |                            |                             |
| Alarm installation/service and maintenance – non-residential<br>(please complete Addendum 1 – Security Systems Supplementary Questionnaire) |                            |                             |
| Alarm installation/service and maintenance – residential<br>(please complete Addendum 1 – Security Systems Supplementary Questionnaire)     |                            |                             |
| Crowd control (i.e. hotels, events etc.)<br>(please complete Addendum 2 – Crowd Control Supplementary Questionnaire)                        |                            |                             |
| Security trainers   | Number of trainers         |                             |
| Airport security (please attach details explaining work undertaken)   |                            |                             |
| Other (please describe below and attach details explaining work undertaken)   |                            |                             |
|   |                            |                             |
|   |                            |                             |
|   |                            |                             |

**Important Notice – please complete relevant Addendum(s) where required.**

## IMPORTANT NOTICE

|   |   |
|---|---|
| <b>Licensing</b>                          | For insurance coverage to be valid, the Insured must fully comply with all relevant statutory licensing requirements applicable to activities performed   |
| <b>Weapons &amp; protection equipment</b> | For insurance coverage to be valid, the Insured must comply with all relevant statutory requirements applicable to the use, storage, and otherwise of all equipment used, which includes firearms, dogs, batons, etc. |
| <b>Training</b>                           | For insurance coverage to be valid, all personnel must have achieved all relevant statutory levels of training applicable to the activities performed.  |

## GUARD DOGS

|                        |  |                   |  |
|------------------------|--|-------------------|--|
| Do you use guard dogs? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, how many? |  |
| Duties performed       |  |                   |  |

## FIREARMS

|                      |  |                                       |  |
|----------------------|--|---------------------------------------|--|
| Do you use firearms? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, how many firearms do you own? |  |
| Duties performed     |  |                                       |  |

## WEAPONS AND PROTECTION EQUIPMENT

|   |   |  |
|---|---|--|
| Will staff be required to wear any of the following whilst on duty? | Uniforms  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | Weapons   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | Other protective equipment/weapons<br>If Yes, provide details below | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |   |  |
|   |   |  |

**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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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)? If yes, please provide full details and attach copies of all agreements (other than lease liability). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  |  |
|  |  |

**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. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

**PREVIOUS INSURANCE HISTORY**

|  |  |  |
|--|--|--|
| Have you or any of your Directors, Partners, Employees or Sub Contractors ever been charged with a criminal offence? | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Have you ever had any:   | Insurance declined or cancelled?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  | Renewal refused?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  | Special conditions imposed?                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  | Increased excess imposed?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  | Claims denied for this class of insurance?               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  | Been declared insolvent/bankrupt?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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 SYSTEM SUPPLEMENTARY QUESTIONNAIRE

Where you install security systems, please complete the following:

|   |  |
|---|--|
| Are components to the system manufactured or assembled by you? <i>If yes, where such Products are manufactured/assembled by you under licence, please provide copies of the Licence Agreements and specify the Products</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are the components to the system manufactured by others? <i>Where such Products are manufactured/assembled by others under Licence from you, please provide copies of the Licence Agreements and specify the Products</i>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you design any of the systems, or components thereof?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, do you operate a Research and Development Department? <i>If yes, please provide relevant details and qualifications of all personnel</i>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**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 |
|------------------------|--------------------------|---------------------------|
|                        |                          | \$                        |
|                        |                          | \$                        |

**TABLE 2** – Products manufactured/assembled by you – no design

| Description of product | Anticipated failure rate | Estimated annual turnover |
|------------------------|--------------------------|---------------------------|
|                        |                          | \$                        |
|                        |                          | \$                        |

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

| Description of product | Anticipated failure rate | Estimated annual turnover |
|------------------------|--------------------------|---------------------------|
|                        |                          | \$                        |
|                        |                          | \$                        |

**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 |
|------------------------|----------|---------------------------|
|                        |          | \$                        |
|                        |          | \$                        |

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

| Description of product | Country of destination | Representation | Estimated annual turnover |
|------------------------|------------------------|----------------|---------------------------|
|                        |                        |                | \$                        |
|                        |                        |                | \$                        |

**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 2

### CROWD CONTROL SUPPLEMENTARY QUESTIONNAIRE

**\*IMPORTANT NOTICE See nightclub exclusion below**

Where by your presence, you modify the behaviour of persons in or about public places to ensure safety of all persons in or about the place, please complete the following:

**Please provide full details of:**

| Types of venues (eg. Venues/licensed clubs/hotels/nightclubs)  | Duties of your employees             | % of crowd control turnover                              |
|--|--------------------------------------|--|
|  |                                      | %  |
|  |                                      | %  |
| Do you have strict and documented site operating procedures?   |                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, are all of your relevant employees trained in relation to the site operating procedures?           |                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are employees re-trained every twelve months?  |                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What are the minimum numbers of security personnel you provide onsite for the following types of premises? |                                      |  |
| <b>Licensed premises</b>   | Registered clubs                     |  |
|  | Hotels (max 50 patrons)              |  |
|  | Hotels (each additional 100 patrons) |  |
|  | Nightclubs/Discos (entrance)         |  |
|  | Nightclubs/Discos (per 50 patrons)   |  |
| <b>Special events</b>  | Charity                              |  |
|  | University                           |  |
|  | Festivals                            |  |
|  | Concerts                             |  |
|  | Other                                |  |

### \* NIGHTCLUB EXCLUSION

For the purposes of this insurance policy a nightclub is defined as a nightclub where:-

1) Where a premises is licensed as such

Or

2) The premises is not licensed as a nightclub but where dancing is regularly undertaken and the venue is arranged

For the avoidance of doubt, in deciding whether any venue would be excluded under this policy, if the venue conducts three or more of the following activities it is excluded.

1. charges an entrance fee
2. employs bouncers or employs security personnel to manage the entrance to the dance premises
3. has special lighting
4. is marketed as a nightclub
5. has insufficient natural light to be able to walk around the premises freely and without difficulty
6. has a permanent sound system
7. has soundproofing

Regardless as to whether or not any venue operates under the licence of a hotel or motel or other licensed premises such operation is not covered under this policy.

# 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  |                            | \$   |
|   | Out of the vault   |                            | \$   |
|   | Whilst in vehicles   |                            | \$   |
|   | Pavement limit (not including ATM operations)<br><small>Note: You may require separate limits in secure and non-secure (Continue on a separate sheet if necessary)</small> |                            | \$   |
|   | ATM operations<br><small>Note: This should be your maximum exposure in respect of any one ATM</small>  |                            | \$   |
| 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                       | \$   |
|   |  | Next                       | \$   |
| 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   | \$                         | \$   |
|   | Bank to bank   | \$                         | \$   |
|   | Retail stores  | \$                         | \$   |
|   | Other (specify)  | \$                         | \$   |
|   | Total  | \$                         | \$   |
| What are the total values exposed at the premises?  | (a) in safes and vaults  |                            | \$   |
|   | (b) outside safes and vaults   |                            | \$   |
| 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)   |  |                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |  |                            |  |
|   |  |                            |  |
| Do you engage in first or second line maintenance of ATM's?   |  |                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you replenish or collect deposits from ATM's?  |  |                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What is the maximum number of ATM's each ATM crew has access to at any one time?  | First line maintenance   |                            |  |
|   | Replenishment or second line maintenance   |                            |  |
| 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) |  |                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |  |                            |  |
|   |  |                            |  |
| Do you have sole access to and control over any ATMs? If Yes, give details (Continue on a separate sheet if necessary)  |  |                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |  |                            |  |
|   |  |                            |  |

# ADDENDUM 3

## CASH IN TRANSIT

### PHYSICAL SECURITY ON PREMISES

How is the 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  |      |       |      |        |             |
| Vault |      |       |      |        |             |

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

| PREMISES   | ALARM  |
|--|--|
| 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   |  |
| Are there hold up buttons on your premises?  | <input type="checkbox"/> Yes <input type="checkbox"/> 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?<br>If No, give details (Continue on a separate sheet if necessary) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### PROCEDURES AND MANNING

| State numbers employed in each category | Category       | Full time | Part time |
|---|----------------|-----------|-----------|
|   | (a) management |           |           |
| (b) supervisory                         |                |           |           |
| (c) office/clerical                     |                |           |           |
| (d) sales                               |                |           |           |
| (e) crewmen                             |                |           |           |
| (f) mechanics                           |                |           |           |
| (g) vault custodian                     |                |           |           |
| (h) others                              |                |           |           |

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 test?<br>If no, give details   | (a) medical                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | (b) polygraph                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | (c) psychological               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | (d) narcotics                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |                                 |  |
| 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | (b) credit                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | (c) neighbourhood               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | (d) criminal records            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | (e) driver records              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |                                 |  |
| 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 the limit of              | No of crew   |
|   | \$                              |  |
|   | \$                              |  |
|   | \$                              |  |
| Will at least one member of the crew stay in each vehicle during operations regardless of circumstances?  |                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you use a radio communication system that is fully functional for all your operations?   |                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In case of an attack (premises or vehicle) have you an automatic code or alarm procedure (or similar emergency procedure)?                      |                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do management regularly monitor operational crew performance and retain such records on file?   |                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you carry out random credit checks on existing employees?  |                                 | <input type="checkbox"/> Yes <input type="checkbox"/> 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:

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

### 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 and on behalf of (name of company)

Signature

Dated

Name of signatory

Position

(should be the chairman, managing director or chief executive of the company)

## CANCELLATION CHARGES

*If we are requested to cancel the policy, we will charge the following short period rate premiums. We will hold you and or your insurance intermediary liable to pay these amounts*

|                               |                           |  |
|-------------------------------|---------------------------|--|
| Within 1 month of inception:  | 25% of the quoted premium | Thereafter at terms to be agreed with underwriters |
| Within 2 months of inception: | 20% of the quoted premium |  |
| Within 3 months of inception: | 15% of the quoted premium |  |

PRINT FORM

RESET FORM