

LIABILITY INSURANCE SECURITY PROPOSAL FORM

IMPORTANT NOTICES

Your Duty of Disclosure

In order to make an informed assessment of the risk and calculate the appropriate premium, your Insurer needs information about the risk you are asking to insure. For this reason, before you enter into a contract of insurance, you have a duty under the *Insurance Contracts Act 1984 (Cth)* to disclose to your insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept this risk and, if so, on what terms. The duty continues after the proposal form has been completed up until the inception date of the policy and also applies when you renew, extend, vary or reinstate a contract of insurance.

You do not have to disclose anything that:

- Reduces the risk to be undertaken by the insurer;
- Is common knowledge;
- Your insurer knows, or in the ordinary course of its business, ought to know; or
- If the insurer has waived your obligations to disclose.

One important matter to be disclosed is the history of losses suffered by the person or entity seeking insurance and possibly also losses suffered by any related or associated person or entity sought to be covered by the relevant insurance policy. You are responsible for checking that you have made complete disclosure. We suggest that you keep an up to date record of all such losses and claims and that you make all reasonable enquiries of directors, officers, senior managers and any relevant employees in order to ensure that adequate disclosure has been made.

If you have any questions or concerns about whether information needs to be disclosed, please contact us.

Consequences of Non-Disclosure

If you do not comply with your duty of disclosure, your insurer may be entitled to reduce its liability in respect of a claim or may cancel your contract of insurance. If the non-disclosure was fraudulent, the insurer may be able to avoid (or cancel) the contract of insurance from its beginning. This would effectively mean that you were never insured.

Material Changes

You must also notify your insurer of any significant changes which occur during the period of insurance. If you do not, your insurances may be inadequate to fully cover you. We can assist you to do this and to ensure that your contract of insurance is altered to reflect those changes.

Interests of Other Parties

Some insurance contracts do not cover the interest in the insured property or risk of anyone other than the person named in the contract. Common examples are where property is jointly owned or subject to finance but the contract only names one owner or does not name the financier. Please tell us about everyone who has an interest in the property insurance so that we can ensure that they are noted on the contract of insurance.

Contracts entered into by the Insured Affecting Insurers' rights

Some insurance contracts seek to limit or exclude claims where the insured person has limited their rights to recover a loss from the person who has responsibility for it eg: by signing an agreement which contains a disclaimer, indemnity or limitation of liability of the other party. Please tell us about any contracts of this type which you have entered into or propose to enter into.

Claims Made Policies

Many liability policies are issued on a 'claims made' basis. This means that the policy responds to:

- Claims first made against you during the policy period and notified to the insurer during the policy period, provided that you were not aware at any time prior to the policy inception of circumstances which would have put a reasonable person in your position on notice that a claim may be made against him/her; and
- Written notification pursuant to section 40(3) of the *Insurance Contracts Act 1984 (Cth)* of facts which might give rise to a claim against you. If you give written notification of facts as soon as reasonably practicable after you become aware of the facts prior to the expiry of the policy period, the policy will respond even though a claim arising from those facts is made against you after the policy has expired.

Retroactive Date

You will not be entitled to indemnity under your new policy in respect of any claim resulting from an act, error or omission occurring or committed by you prior to the retroactive date, where one is specified in the policy terms offered to you.

Privacy

We are committed to protecting your privacy. We only use the information you provide to us to advise about and assist with your insurance needs. We only provide your information to the insurance companies with whom you choose to deal (and their representatives.) We do not trade, rent or sell your information.

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

When completing this Proposal Form:

- Please answer **all** questions giving full and complete answers
- If the space required on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer.
- **Please ensure that this Proposal Form is properly signed and dated.**



COVERSURE PTY LTD
 ABN 84 413 814 665
 AFS 407505
 Phone: (02) 8404 9500

Security Industry Insurance Proposal

INSURED DETAILS	
1. Proposer Name(s) (Please provide full name of ALL ENTITIES to be insured)	
2. Trading Name (Please provide all trading names)	
3. ABN:	
4. Address of Principal Location(s)	
5. Contact Details	Business Phone:
	Email Address:
6. Interested Party (s)	Entity 1
	Relationship
	Entity 2
	Relationship

GENERAL INFORMATION									
7. Full Description of Business Activities									
8. Previous Security industry experience if less than five years in business:									
9. Number of Years Business has been in Continuous Operation:									
10. Please provide the following details for all Directors/Principals:									
Name of all principals, directors, partners	Age	Qualifications	Date Qualified	How long practicing as Partner / Principal					
11. Please advise the total number of Partners/Staff:									
Number of Principals & Staff		Full Time		Part Time					
Directors, Partners, Principals									
Qualified Security Staff									
Qualified Security Consultants / Sub Contractors									
Administration / Other Staff									
12. Are you a member of a professional / industry association and comply with its code of conduct? If yes, please provide details:									
13. Please state the Turnover in:	Last 12 Months	\$	Next 12 Months	\$					
Please provide a percentage breakdown of turnover by location as follows:									
NSW	VIC	QLD	SA	WA	TAS	ACT	NT	O/S	TOTAL
									100%
14. Do you engage Subcontractors or Labour Hire?					Yes <input type="checkbox"/> No <input type="checkbox"/>				
a) Do they maintain insurance similar to the proposed policy?					Yes <input type="checkbox"/> No <input type="checkbox"/>				
b) Do you evidence their policy regularly?					Yes <input type="checkbox"/> No <input type="checkbox"/>				
Please state the Subcontractors or Labour Hire Turnover in:									
		Last 12 Months	\$	Next 12 Months		\$			
Which of your business activities are completed by subcontractors or labour hire?			All? <input type="checkbox"/>		Other? <input type="checkbox"/>		Other Advise Details Below		



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LIMITS OF LIABILITY (SECTION 1)

15. Proposed Insurance (please tick or complete)				
Current Insurer:				
Current broker:				
16. Current Limit:				
17. Current Excess:				
18. Period of Insurance		to		At 4.00pm
19. Limit of Indemnity Required				
Limit of Indemnity	\$10M <input type="checkbox"/>	\$20M <input type="checkbox"/>	\$50M <input type="checkbox"/>	Other \$
Third Party Goods in your Care, Custody and Control			Automatic: \$100,000	Other \$
Loss of Keys			Automatic: \$100,000	Other \$
Errors & Omissions			Automatic: \$1M	Other \$
20. Excess (please tick or complete)				
Standard	\$2,500 <input type="checkbox"/>	\$5,000 <input type="checkbox"/>	\$10,000 <input type="checkbox"/>	Other \$
Crowd Control	\$5,000 <input type="checkbox"/>	\$10,000 <input type="checkbox"/>	\$25,000 <input type="checkbox"/>	Other \$

SECTION 1 - PUBLIC & PRODUCTS LIABILITY

21. What percentage of turnover is derived from the following: (total 100%)				
Note: # If Crowd Control performed, please complete Crowd Control Questionnaire (see page 7)				
Direct Importer of Security Systems	%	Traffic Controllers	%	
Manufacture of security systems	%	Security Training	%	
Design of security systems	%	Education programs e.g. self-defence etc...	%	
Installation of security systems	%	Use of Firearms (complete Q23)	%	
Service & maintenance of security systems	%	Firearms Training (complete Q23)	%	
Security System Consulting only	%	Use of Dogs (complete Q22)	%	
Locksmith	%	Guard Dog training, breeding and/or sale of dogs (complete Q22)	%	
Monitoring of Alarms	%	Crowd Control - Hotels/Taverns/Bars #	%	
Responding to Alarms	%	Crowd Control - RSL/Bowling Clubs #	%	
Investigation / Inquiry Agency	%	Crowd Control - Nightclubs #	%	
Security / Risk Management Consultant	%	Crowd Control - Entertainment/Sporting Venues #	%	
Static guarding eg Business premises, shopping centres, banks, gatehouses	%	Crowd Control - Private Parties/Events #	%	
Mobile patrols	%	Crowd Control - Other (description below) #	%	
Bodyguard & Personal Protection Services	%			
Debt Collecting	%			
Cash Carry (excluding Use of Firearms)	%			
Cash Carry (including Use of Firearms)	%	Provide services to any State or Commonwealth Authorities or at any Airports or Train or Vessel Terminal?	%	
ATM First Line or Second Line Response	%			
Other (Please specify below): #			%	

GUARD DOGS (Complete only if required)



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22. Do you require insurance for guard dog security?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are dogs properly kennelled when not being used for guard duty?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are dogs professionally trained prior to being used for guard duty?	Yes <input type="checkbox"/> No <input type="checkbox"/>

FIREARMS (Complete only if required)

23. Do you require insurance for use of firearms?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of guards licensed to use guns?	
Are firearms serviced each year?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 2 - CASH IN TRANSIT (Complete only if required)

24. Do you require Cash in Transit insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
On average how many carries per week?	
What will be the maximum carry?	
What is the average carry limit?	
What is the estimated total annual carry for the next 12 months?	
(Estimated annual carry: estimate carries per week x estimate carry limit x 52 weeks = estimated annual carry amount)	
If the carry limit exceeds \$200,000, please advise how often this amount will be carried:	

SECTION 3 - CASH IN SAFE (Complete only if required)

25. Do you require insurance for Cash in Safe?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
(If multiple locations please complete Section 3 - Cash in Safe for each location)			
26. Address where safe is located:			
27. Maximum amount to be insured at the location:	\$		
28. Construction of premises in which safe is located:			
Walls	Roof	Floor	
29. Specification of safe			
Make & model of safe:			
What is the Manufacturer's cash rating on the safe?			
Thickness of safe walls:	Thickness of safe door:		
Weight of the safe:	Is the safe fixed to the floor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the safe drill resistant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the safe torch resistant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
30. How many staff are entrusted with the safe combination?			
31. Is it changed after staff leave?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
32. Details of the Security and Alarm System of the premises:			
Manufacturer?			
Back to base / local?			
How many staff are entrusted with the alarm code?			
Details of maintenance contract including company and frequency			
Areas of premises monitored			
Details of physical security e.g. barred windows, caged doors etc...			
33. Should the cash holding exceed \$200,000, please advise how often and for what extent of time this amount will be held in safe:			



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SECTION 4 – CRIMINAL DEFENCE COSTS (Complete only if required)

34. Do you require Criminal Defence Costs insurance? Yes No

NB. Maximum Limit \$50,000 in the aggregate any one period of insurance

SECTION 5 – STATUTORY LIABILITY (Complete only if required)

35. Do you require Statutory Liability insurance? Yes No

Limit required \$1m \$2m \$5m \$10m

Do you have an occupational health and safety manual that is provided to staff? Yes No

Do you ensure occupational health and safety training is completed prior to work commencing? Yes No

Have you had any fines or penalties or compliance notices in the last 5 years? Yes No

Date of Fine	Amount	Offence

SECTION 6 – PROFESSIONAL INDEMNITY (Complete only if required)

36. Do you require Professional Indemnity insurance? Yes No

Limit required \$1m \$2m \$5m \$10m

Please provide details of professional services and/or professional design or advice provided

Estimated annual fees in respect to professional services and/or professional design or advice provided? If no fees, what is the estimate value of the professional services

Do you have a current PI policy? Yes No

If you answered YES please provide the following details

Current Insurer

Retroactive Date (attach copy of your current policy schedule)

RISK MANAGEMENT

37. Do you provide any indemnities, hold harmless conditions to any customers, suppliers or other parties? If yes, please supply copy of contract. Yes No

38. Do regularly check that you are meeting your minimum pay requirements to staff and/or subcontractors? Yes No

39. Do you perform drug and alcohol testing of all staff? Yes No



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CROWD CONTROL (Complete only if required)

Please provide the following details regarding your three main Crowd Control locations/contracts/venues in regards to question 19 page 5

LOCATION / CONTRACT / VENUE 1											
What percentage (%) of your total Crowd Control turnover is derived from this venue?										%	
Name			Address								
What is at this location?											
Discos / Nightclubs		Hotels / Taverns		RSL / Bowling Clubs		Entertainment / Sports Venues		Other			
Other (please advise description)											
What days do you work or provide services? (please tick)				<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	
Usual start time:		Usual finish time:			Average no. of guards on duty:						
Do you have a signed client contract?			Yes <input type="checkbox"/> No <input type="checkbox"/>			Ave. crowd/audience attending:					
Average no. of restrained evictions per week in the last 12 months				Do you record evictions in an incident report log?				Yes <input type="checkbox"/> No <input type="checkbox"/>			
Details of duties (door duties, glass collection, patron eviction etc)											

LOCATION / CONTRACT / VENUE 2											
What percentage (%) of your total Crowd Control turnover is derived from this venue?										%	
Name			Address								
What is at this location?											
Discos / Nightclubs		Hotels / Taverns		RSL / Bowling Clubs		Entertainment / Sports Venues		Other			
Other (please advise description)											
What days do you work or provide services? (please tick)				<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	
Usual start time:		Usual finish time:			Average no. of guards on duty:						
Do you have a signed client contract?			Yes <input type="checkbox"/> No <input type="checkbox"/>			Ave. crowd/audience attending:					
Average no. of restrained evictions per week in the last 12 months				Do you record evictions in an incident report log?				Yes <input type="checkbox"/> No <input type="checkbox"/>			
Details of duties (door duties, glass collection, patron eviction etc)											

LOCATION / CONTRACT / VENUE 3											
What percentage (%) of your total Crowd Control turnover is derived from this venue?										%	
Name			Address								
What is at this location?											
Discos / Nightclubs		Hotels / Taverns		RSL / Bowling Clubs		Entertainment / Sports Venues		Other			
Other (please advise description)											
What days do you work or provide services? (please tick)				<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	
Usual start time:		Usual finish time:			Average no. of guards on duty:						
Do you have a signed client contract?			Yes <input type="checkbox"/> No <input type="checkbox"/>			Ave. crowd/audience attending:					
Average no. of restrained evictions per week in the last 12 months				Do you record evictions in an incident report log?				Yes <input type="checkbox"/> No <input type="checkbox"/>			
Details of duties (door duties, glass collection, patron eviction etc)											



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INSURANCE HISTORY

40. In respect of any of the risks against which you wish to insure, have you in the past 5 years, in this business or any previous business, either alone or in partnership or jointly with any party, or if a corporation, any of its directors:

Declined a proposal, refused renewal or terminated an insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Required an increased premium or imposed special conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been bankrupt or involved with a business that has become liquidated, bankrupt, insolvent or had administrators appointed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Been charged with or convicted of any civil or criminal offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered "Yes" to any of the above, please give details (or attach a separate sheet if there is insufficient space):

CLAIMS HISTORY

(These questions apply to all sections of the policy)

41. Has any claim in the last 5 years been made against the Insured or any principal, partner or director (either as a principal, partner or director of the Insured or of any previous business), consultant or employee in respect of the risks to which this proposal relates?	Yes <input type="checkbox"/> No <input type="checkbox"/>
42. Is the Insured or any principal, partner, director, consultant or employee aware of any other incident(s) that have occurred in the last 5 years or may give rise to a claim against you, whether the subject of insurance or not?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have answered yes to either of the above questions, please complete the table below:

Date of Claim or Loss	Nature of each Claim or Loss	Estimated Outstanding Loss	Name of Insurer

43. What action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss?

INSURANCE DECLARATION & AGREEMENT

I/We declare in relation to the facts, statements and particulars contained in this proposal as follows:

- I/We have made all reasonable and necessary enquiries;
- I/We confirm that to the best of our knowledge and belief, they are true and complete;
- No material facts have been omitted, misstated, misrepresented or suppressed; and
- Should any of the information given by us alter between the date of this proposal and inception date of the insurance to which this proposal relates, we will give immediate notice thereof to the insurer.

I/We acknowledge receipt of the Important Notices on Page 1 and 2 contained on this Proposal Form and that we have read and understood the content of those Notices.

I/We confirm that we are authorised by the Company and its Directors to complete, sign and submit this proposal on behalf of the Company and its Directors.

Name of Business:	
Signature/s:	
<i>(This Proposal should be signed by a Principal, Partner or Director of Proposed Insured)</i>	
Title of Signatory:	
Full Name of Such Person:	
Date of Signing:	