

**PROFESSIONAL MONEY CARRIERS'
PROPOSAL FORM**

Before any question is answered please **read the declaration** at the end of this proposal which you are required to sign. Tick Yes/No boxes as appropriate.

A. GENERAL

1. Full name of proposer(s)
(in this proposal form "you" refers to the answer to this question)

2. Name under which you trade:

3. List full address of all your premises associated with your business and your principal office telephone and facsimile numbers (including area codes)

Premises 1

Premises 2

Premises 3

(Continue on a separate sheet if necessary)

Main office tel. no:

Main office fax no:

4. Names under which you have previously traded

(Continue on a separate sheet if necessary)

5. Names of officers and owners

(Continue on a separate sheet if necessary)

6. How long have you been in business as carriers?

(a) at your present address

(b) elsewhere

7. Do you act as a limited branch or depository for any bank or banking organization?

Yes

No

If Yes, identify each and every such bank or banking organization

(Continue on a separate sheet if necessary)

8. Have you been or are you currently insured?

Yes

No

If Yes, state

(a) names of

(i) insurers

(ii) brokers or agents

(b) renewal date of insurance

9. Has any insurer declined, refused to renew or requested special terms to insure you or any director, principal or partner in this or any other business?

Yes

No

If Yes, give details

(Continue on a separate sheet if necessary)

B. LOSS HISTORY

10. (i) In the last 6 years have you or any predecessor company suffered a loss or losses, whether covered by insurance or not and if insured whether a claim was paid or not?

Yes

No

If Yes, give details

(a) date(s) of loss(es)

(b) circumstances and amount of each loss

(Continue on a separate sheet if necessary)

(c) state whether insured and if paid in full or otherwise

(Continue on a separate sheet if necessary)

(ii) Are you aware of any shortages, or claims of shortages, asserted by any customer, bank, banking organization or state or federal regulator exceeding the sum of AUD 1,000 asserted or discovered in the preceding 24 months?

Yes

No

If Yes, give details

(Continue on a separate sheet if necessary)

C. AMOUNTS INSURED

11. What limits of insurance do you require for insured property?

(a) on the premises specified in the schedule

In safe or vault:	Location 1: AUD
	Location 2: AUD
	Location 3: AUD
Out of safe or vault:	Location 1: AUD
	Location 2: AUD
	Location 3: AUD

(b) whilst in transit – any one vehicle

Armoured:	AUD
Non-Armoured:	AUD

(c) pavement limit (not including ATM operations)
Note: you may require separate limits in secure and non-secure areas.

3 Armed Officers:	AUD
2 Armed Officers:	AUD
1 Armed Officer:	AUD
Unarmed:	AUD
(Continue on a separate sheet if necessary)	

(d) ATM operations

Note: this should be your maximum exposure in respect of any one ATM.

AUD

D. AMOUNTS EXPOSED

12. What was your annual gross revenue from all money and valuables carrying operations for the last 12 month accounting period and what is your estimate for the next accounting period?

last:	AUD
next:	AUD (estimated)

13. 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
Bank to Bank:	AUD		
Retail Stores:	AUD		
Other (specify):	AUD		
Total:	AUD		

14. Estimate your annual face value carryings by type.

		Secure area to secure area	Other
Cash (note):	AUD		
Cash (coin):	AUD		
Bullion:	AUD		
Diamonds	AUD		
Jewellery	AUD		
Other (give details):	AUD		

15. What are the total values exposed at the premises:

(a) in safes and vaults

Location 1:	AUD
Location 2:	AUD
Location 3:	AUD

(b) outside safes and vaults

Location 1:	AUD
Location 2:	AUD
Location 3:	AUD

give details of (b)

(Continue on a separate sheet if necessary)

16. What is the maximum value of cash and valuables carried in any one vehicle at any one time?

(a) cash

AUD

(b) other valuables

AUD

17. What is the maximum value which is at risk at any one time outside a vehicle off the premises?

(a) cash

AUD

(b) other valuables

AUD

18. (a) Do you carry cash and valuables between states?

Yes

No

If Yes, give details

(Continue on a separate sheet if necessary)

19. Complete this table in respect of your vehicle exposures

Transit Exposures					
Days Operating	Vehicles Used	Daily Stops Per Route	Maximum Exposures AUD	Average Exposures	Mileage
Monday	1 2 3				
Tuesday	1 2 3				
Wednesday	1 2 3				
Thursday	1 2 3				
Friday	1 2 3				
Saturday	1 2 3				
Sunday	1 2 3				

20. Do you separate all cash holdings for your customers?

Yes

No

If No, give details

E. COIN OPERATIONS

21. Do you count coin?

Yes

No

22. Do you roll coin?

Yes

No

23. Do you keep all coin for each of your customers separately?

Yes

No

If No, give details

24. What is the average and maximum value of coin on your premises by premises?

	Average	Maximum
Premises 1:	AUD	AUD
Premises 2:	AUD	AUD
Premises 3:	AUD	AUD

F. ATM OPERATIONS

25. Do you always use a crew of at least 2 persons?

Yes

No

If No, give details

(Continue on a separate sheet if necessary)

26. Do you:

(a) engage in first or second line maintenance of ATMs?

Yes

No

(b) replenish or collect deposits from ATMs?

Yes

No

27. What is the maximum number of ATMs each ATM crew has access to at any one time?

First line of maintenance:

Replenishment or second line maintenance:

28. Does each ATM crew return all materials giving means to access to ATMs to your premises at the end of each shift?

Yes

No

If No, give details

(Continue on a separate sheet if necessary)

29. Do you have sole access to and control over any ATMs?

Yes

No

If Yes, give details

(Continue on a separate sheet if necessary)

G. PHYSICAL SECURITY ON PREMISES

30. How are entry and exit to the premises controlled for the following? Give full details

(a) Vehicle

(b) Personnel and visitors

(Continue on a separate sheet if necessary)

31. State make, model and rating of your safes and vaults.

	Make	Model	Size	Weight	Rating
Safe 1					
Safe 2					
Safe 3					
Safe 4					
Safe 5					

Vault 1					
Vault 2					
Vault 3					

32. Specify all alarm systems on your premises.

Premises 1

	Partial or complete coverage of all safe(s) and vault(s)	Method of signalling	Line Security Y/N	Type of System: central station, police connect, or local	Servicing or maintenance company
Alarm 1					
Alarm 2					
Alarm 3					

Premises 2

	Partial or complete coverage of all safe(s) and vault(s)	Method of signalling	Line Security Y/N	Type of System: central station, police connect, or local	Servicing or maintenance company
Alarm 1					
Alarm 2					
Alarm 3					

Premises 3

	Partial or complete coverage of all safe(s) and vault(s)	Method of signalling	Line Security Y/N	Type of System: central station, police connect, or local	Servicing or maintenance company
Alarm 1					
Alarm 2					
Alarm 3					

33. Are there hold up buttons on your premises?

Yes

No

34. How many members of your organisation have been entrusted with:

(a) keys?

(b) alarm code?

(c) vault/safe combinations?

35. Do you practise dual control for opening and closing of all safes and vaults?

Yes

No

If No, give details

(Continue on a separate sheet if necessary)

36. Do you practise dual control for access to all vaults, safes, coin and currency processing and storage areas?

Yes

No

If No, give details

(Continue on a separate sheet if necessary)

H. PROCEDURES AND MANNING

37. State numbers employed in each category

	Full Time	Part Time
(a) Management	<input type="text"/>	<input type="text"/>
(b) Supervisory	<input type="text"/>	<input type="text"/>
(c) Office/clerical	<input type="text"/>	<input type="text"/>
(d) Sales	<input type="text"/>	<input type="text"/>
(e) Crewmen	<input type="text"/>	<input type="text"/>
(f) Mechanics	<input type="text"/>	<input type="text"/>
(g) Vault custodian	<input type="text"/>	<input type="text"/>
(h) Others	<input type="text"/>	<input type="text"/>

38. Will your premises be manned 24 hours a day?

Yes No

If No, give details

(Continue on a separate sheet if necessary)

39. What are your business hours? ("business hours" throughout this proposal refers to this answer)

until

40. What is the minimum number of personnel on duty at your premises?

(a) during closed periods

(b) during business hours

41. Are all your vaults and safes shut, locked and alarmed outside of business hours?

Yes No

If No, give details

(Continue on a separate sheet if necessary)

42. What is the minimum number of armed personnel on duty at your premises?

(a) during periods when the vault is closed?

(b) during hours when the vault is open or unlocked?

43. Do you require your employees to submit to the following tests?

(a) medical

Yes

No

(b) psychological

Yes

No

(c) narcotics

Yes

No

If No to any of the above, give details

(Continue on a separate sheet if necessary)

44. When screening new employees do you conduct the following checks?

(a) prior employment references

Yes

No

(b) credit

Yes

No

(c) neighbourhood

Yes

No

(d) criminal records

Yes

No

(e) driver records

Yes

No

If No to any of the above, give details

(Continue on a separate sheet if necessary)

45. How long as a minimum do you employ people before allowing them to crew an armoured car?

46. What will be the minimum number of crew (including driver) who will ride in each vehicle on operations?

Up to limit of AUD	No of crew:
Up to limit of AUD	No of crew:
Up to limit of AUD	No of crew:

47. Are all armoured car crew members armed?

Yes No

If No, give details

(Continue on a separate sheet if necessary)

48. State pavement limits required

Up to limit of AUD	No of crew:
Up to limit of AUD	No of crew:
Up to limit of AUD	No of crew:

49. When armoured vehicles are not in a secured and guarded concourse will at least one member of the crew stay in each vehicle during operations regardless of circumstance?

Yes No

50. Do you use a radio communication system that is fully functional for all your operations?

Yes No

51. In case of an attack on a terminal have you an automatic code or alarm procedure which will in effect instruct all vehicles to disregard further orders from that terminal and proceed direct to the nearest Police Station (or similar emergency procedure)?

Yes No

52. Do management regularly monitor operational crew performance and retain such records on file?

Yes No

53. Do you carry out random credit checks on existing employees?

Yes No

54. Please annex a copy of any standard form contract which you use to do business with your customers.

55. Specify below all vehicles armoured or otherwise to be insured hereunder

	Make of Vehicle	Model and Year	Specification of Armour	Is vehicle fitted with 2-way radio?		What type of security systems are fitted? (e.g. alarms and tracking systems)	Is there a bulkhead that fully protects at least 1 member of the crew whilst any one door to the armoured vehicle is opened?		Are Vehicles maintained by Assured's staff on Assured's premises?		Licence Plate/ Registration Number
				Yes	No		Yes	No	Yes	No	
1.				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I. TRADE REFERENCES

56. Give names and addresses of 2 referees from your trade. (Not required for renewal)

Name:
Address:

Name:
Address:

57. What Associations are you members of?

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J. FINANCIAL

Attach a set of your latest audited financial statements to this proposal.

IMPORTANT INFORMATION

Your Rights and Obligations

The Duty of Utmost Good Faith: The Insurance Contracts Act 1984 states the following: "A contract of insurance is a contract based on utmost good faith and there is implied in such a contract a provision requiring each party to it to act towards the other party, in respect of any matter arising under or in relation to it, with the utmost good faith.

Your Duty of Disclosure

Before you enter in to a contract of general insurance with an insurer, you have a duty under the Insurance Contracts Act 1984 to disclose every matter which you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk, and if so, on what terms.

You have this duty until we agree to insure you. You have the same duty to disclose such matters before you renew, extend, vary or reinstate a contract of insurance.

Your duty, however, does not require you to disclose a matter:

- That diminishes the risk to be undertaken by the insurer;
- That is common knowledge;
- That the insurer knows, or in the ordinary course of business as an insurer, ought to know;
- As to which compliance with your duty is waived by the insurer.

Non-Disclosure

If you fail to comply with your duty of disclosure, the insurers may be entitled to reduce their liability under the contract in respect of any claim, or may cancel the contract. If your non-disclosure is fraudulent, the insurers may also have the option of avoiding the contract from its beginning.

Cancellation

You may cancel the policy at any time by notifying us in writing

Subject to the provisions of the Insurance Contracts Act 1984, the underwriters may cancel the policy by giving you notice in writing of the date on which cancellation is to take effect. Such notice is to be delivered personally, emailed or posted by certified mail or to your address last notified to us. Proof of mailing is sufficient proof of notice.

Privacy

Quantum Underwriting Agencies respects your privacy and complies with the Privacy Act and the National Privacy Principles.

Any personal information you provide may be held by us, our representatives or your insurer(s). It may be used by relevant staff in making a decision concerning your insurance application. It may also be used for the purposes of arranging and servicing any cover that may be issued and administering any claims. Information may be passed to overseas insurers, loss adjusters and surveyors for these purposes. In signing this proposal form or otherwise seeking insurance through us, you are agreeing to these terms. Under privacy legislation, you can request access to your personal information by contacting us at any of our offices during normal business hours.

PLEASE ENSURE ALL QUESTIONS ARE FULLY ANSWERED.

DECLARATION

You must read this before signing below.

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts

(A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it in the space below).

I understand that the signing of this proposal does not bind me to an insurance contract but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

Signature of proposer

Date

You should keep a record (including copies of any letters) of all information supplied to Underwriters for the purpose of entering into this Insurance. A copy of your completed proposal will be available (on request) provided the insurance is effected.

You must inform us of any change in circumstances which will materially affect this Insurance.

01/94
LSW633

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