

## Security Industry Proposal Form

### FORM COMPLETION

Please tick appropriate boxes and provide details as requested. If there is not enough space provided, please provide the additional information when returning the proposal.

Period of Insurance	From	<input type="text"/>	To	<input type="text"/>
Current Insurer	<input type="text"/>			

### APPLICANT DETAILS

Insured and Trading Name  
(incl. all subsidiary companies)

ABN

Taxable (GST Input)

<input type="text"/>	<input type="text"/> %
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Address

Applicant Details

Suburb

State

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Business Number

Mobile Number

<input type="text"/>	<input type="text"/>
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Email Address

Website

<input type="text"/>	<input type="text"/>
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Year Business Started Operating

Name of Partners/Directors

Name

Qualifications / Industry Experience

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If the business has been operating less than 5 years, what previous industry experience do you have?

Have you been a director of a security business previously? Did it perform crowd control?

Are you a member of a professional or industry association? If yes, please provide details

Association Name

Membership Number

<input type="text"/>	<input type="text"/>
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## UNDERWRITING INFORMATION

Total Expiring Turnover	\$
Total Estimated Turnover for the coming Period of Insurance	\$
Total Expiring Wages	\$
Total Estimated Wages for the coming Period of Insurance	\$

For Stamp Duty purposes, please provide a breakdown by State of the turnover for last financial year

ACT	NSW	NT	QLD	SA	TAS	VIC	WA	OS	TOTAL
%	%	%	%	%	%	%	%	%	100%

Number of Staff	Full Time	Part Time	Casual

Do you sell or distribute any products? ☐ Yes ☐ No

If yes, please provide details:

Do you provide security services at any government facilities, airports, or hospitals? ☐ Yes ☐ No

If yes, please provide details:

Do you assume liability under contract or hold others harmless? ☐ Yes ☐ No  
(Other than lease liability)

*If uncertain, we recommend you have your broker and legal advisor review all contracts prior to signing as often there are Contractual Liabilities that could void your insurance.*

If yes, please provide details:

Do you have suitable first aid equipment? ☐ Yes ☐ No

Are personnel appropriately trained in its application? ☐ Yes ☐ No

Do you keep and maintain an incident report and procedure log? ☐ Yes ☐ No

Do you have the appropriate current accreditation in Risk Management and Occupational Health and Safety where required? ☐ Yes ☐ No ☐ Not Required

Do you comply with the Code of Conduct for your association? ☐ Yes ☐ No

Do you comply with all relevant Australian/New Zealand Standards and legislation that pertain to your business? ☐ Yes ☐ No

What additional Risk Management precautions do you take? *E.g., body cams*

*If you drive vehicles belonging to Third Parties, please ensure it is comprehensively insured.*

## LIABILITY COVERS REQUIRED

Public & Products Liability Limit of Indemnity	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$20,000,000	<input type="checkbox"/> \$50,000,000
Goods in your Care, Custody, or Control	<input type="checkbox"/> Automatic	<input type="checkbox"/> Other, please specify	\$
Loss of Keys	<input type="checkbox"/> Automatic	<input type="checkbox"/> Other, please specify	\$
Errors & Omissions	<input type="checkbox"/> Automatic	<input type="checkbox"/> Other, please specify	\$

*Note: The Errors & Omissions extension offered with most insurers is restricted to the incidental advice, design, or specification where no professional fee is charged. Where a fee is charged, we recommend that Professional Indemnity is selected on page 6.*

## CONTRACTORS AND/OR SUB-CONTRACTORS

Do you use sub-contractors?

☐ Yes

☐ No

Do they work under your direct supervision and control?

☐ Yes

☐ No

Please provide detail on how you select and train sub-contractors.

Please provide detail on how you ensure sub-contractors follow your company policies and procedures?

Do sub-contractors have their own insurance?

☐ Yes

☐ No

If yes, do you sight their policy?

☐ Yes

☐ No

What is the minimum limit for their public liability insurance?

Actual Payments to sub-contractors last year?

Estimated Payments to sub-contractors this year?

For what security activities do you engage sub-contractors? E.g., Static Guarding.

## LABOUR HIRE

Do you utilise the services of a Labour Hire Firm?

☐ Yes

☐ No

Actual Payments to Labour Hire last year:

Estimated Payments to Labour Hire this year:

For what security activities do you use labour hire?

## PERCENTAGE OF TURNOVER DERIVED FROM EACH OF THE FOLLOWING ACTIVITIES

Direct Importer of Security Systems	<input type="text"/>	Drug and Alcohol Testing	<input type="text"/>
Design or Alteration of Security Systems	<input type="text"/>	ATM First or Second Line Response	<input type="text"/>
Installation of Security Systems	<input type="text"/>	Cash Carry (excluding firearms)	<input type="text"/>
Sales, Servicing & Maintenance of Security Systems	<input type="text"/>	Cash Carry (including firearms)	<input type="text"/>
Security / Risk Management Consultants	<input type="text"/>	Traffic Controllers	<input type="text"/>
Manufacturing of Security Systems	<input type="text"/>	Traffic Management Plans	<input type="text"/>
Alarm Monitoring	<input type="text"/>	Security Training Programs (Please provide course list)	<input type="text"/>
Alarm Response	<input type="text"/>	Firearms Training	<input type="text"/>
Static Guarding – e.g., business premises, shopping centres, banks, etc.	<input type="text"/>	Use of Firearms	<input type="text"/>
Covert Loss Prevention	<input type="text"/>	Use of Dogs	<input type="text"/>
Mobile Patrols	<input type="text"/>	Guard Dog Training, Breeding &/or Sale of Dogs	<input type="text"/>
Body Guarding	<input type="text"/>	Crowd Control (CC addendum required – page 7 & 8)	<input type="text"/>
Debt Collecting – Field Work	<input type="text"/>	Other activities	<input type="text"/>
Debt Collecting – Desk Bound	<input type="text"/>		<input type="text"/>
Investigation / Inquiry Agency	<input type="text"/>		<input type="text"/>
			<b>100%</b>

## DETAILS OF ACTIVITIES

### STATIC GUARDING & MOBILE PATROL

Please describe the type of premises you provide Static Guarding & Mobile Patrol services for. (e.g., Offices, Retail, Construction, Warehousing, Council etc.)

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### SHOPPING CENTRES

1. Do you provide Static Guarding to Shopping Centres? ☐ Yes ☐ No

If yes, please provide the name/s of shopping centres and scope of work below:

Name of Shopping Centre	Scope of Work (i.e., patrolling inside, perimeter only, boom gates)

2. Is the work conducted during both the day and night? ☐ Yes ☐ No

3. Are you responsible for any cleaning activities? ☐ Yes ☐ No

4. Does the contract stipulate crowd control for the shopping centres as well as Static Guarding/Mobile Patrols or only Static Guarding? ☐ Crowd Control & Static  
☐ Mobile Static Guarding Only

5. Do you have contracts in place? ☐ Yes ☐ No

If yes, is the contract reviewed by legal counsel to ensure you cannot be held liable for unrelated security claims from the shopping centre? ☐ Yes ☐ No

### FIREARMS

#### Cover Required?

☐ Yes ☐ No

Are firearms and ammunition stored separately in locked containers whilst not in use as required by legislation? ☐ Yes ☐ No

Are the Firearms serviced each year? ☐ Yes ☐ No

What percentage of your turnover includes carrying firearms?

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Please list the security activities where your staff carry firearms.

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Are you licensed / do you have a permit to carry the above? ☐ Yes ☐ No

### BATONS / HANDCUFFS

#### Cover Required?

☐ Yes ☐ No

Are batons / handcuffs stored in locked containers whilst not in use? ☐ Yes ☐ No

Are the batons / handcuffs serviced (maintained) each year? ☐ Yes ☐ No

What percentage of your turnover includes carrying batons / handcuffs?

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Please list the security activities where your staff carry batons / handcuffs.

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Are you licensed / do you have a permit to carry the above? ☐ Yes ☐ No

### GUARD DOGS

#### Cover Required?

☐ Yes ☐ No

Are all dogs properly secured / kennelled when not being used for duty? ☐ Yes ☐ No

What percentage of your turnover includes use of Guard Dogs?

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Please list the security activities where you use Guard Dogs.

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## PROFESSIONAL MONEY CARRIERS SECTIONS

### CASH IN TRANSIT

#### Cover Required?

☐ Yes

☐ No

On average how many carries per week?

What will be the maximum any one carry?

 \$

What is the average carry limit?

 \$

What is the estimated total annual carry for the next twelve months?  
(Estimated *no. of carries per week* x *average carry limit* x 52 *weeks*)

 \$

Do you enter into contract agreements with each client that engages you for their cash carry? (If yes, please provide a copy)

☐ Yes

☐ No

Should the carry limit exceed \$200,000, please advise how often this amount will be carried:

### CASH IN SAFE

#### Cover Required?

☐ Yes

☐ No

Address where safe is located?

Maximum amount to be insured at each location:

 \$

Construction of premises in which safe is located?

Walls	Roof	Floor
<input type="text"/>	<input type="text"/>	<input type="text"/>

### SPECIFICATIONS OF SAFE

Make and Model of safe

Thickness of safe walls

Thickness of safe doors

Is the safe drill resistant?

☐ Yes

☐ No

Is the safe torch resistant?

☐ Yes

☐ No

Is the safe fixed to the floor?

☐ Yes

☐ No

Manufacturer's cash rating on the safe or the Australian Resistance Grade?

 \$

Number of staff entrusted with the safe combination?

Should the cash holding exceed \$200,000, please advise how often and for what extent of time this amount will be held in the safe?

### DETAILS OF THE SECURITY AND ALARM SYSTEM OF PREMISES

Manufacturer?

Back to base / local?

Number of staff 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.

### FIDELITY GUARANTEE

#### Cover Required?

☐ Yes

☐ No

This coverage is only available if a stand-alone Professional Money Carriers policy is taken.

**Please note: Some of the below optional extensions are not available with all insurers.**

STATUTORY LIABILITY		Cover Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Required Limit	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000								
Do you have a current Statutory Liability policy in place?		<input type="checkbox"/> Yes	<input type="checkbox"/> No							
Who is the current issuer?		<input type="text"/>								
What is the retroactive date?		<input type="text"/> or Unlimited								
Have you had any fines or penalties in the last 5 years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No							
If yes:	<table><thead><tr><th>Date of Fine</th><th>Amount</th><th>Offence</th></tr></thead><tbody><tr><td><input type="text"/></td><td><input type="text"/> \$</td><td><input type="text"/></td></tr></tbody></table>	Date of Fine	Amount	Offence	<input type="text"/>	<input type="text"/> \$	<input type="text"/>			
Date of Fine	Amount	Offence								
<input type="text"/>	<input type="text"/> \$	<input type="text"/>								
PROFESSIONAL INDEMNITY		Cover Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Required Limit	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$5,000,000							
Please describe the professional services and/or advice given for a fee:	<input type="text"/>									
Estimated Annual fees generate in respect to professional services/advice		<input type="text"/> \$								
Do you have a current Professional Indemnity policy in place?		<input type="checkbox"/> Yes	<input type="checkbox"/> No							
Who is the current issuer?		<input type="text"/>								
What is the retroactive date?		<input type="text"/> or Unlimited								
Are you aware of any incident(s) that have occurred in the last 5 years that have given/may give rise to a claim against you in respect to Professional Indemnity?		<input type="checkbox"/> Yes	<input type="checkbox"/> No							
If yes, please provide details:	<input type="text"/>									

## Crowd Control Addendum

### CROWD CONTROL TURNOVER SPLIT

Type of Venue	Type of Activity	% of Crowd Control Turnover
<b>Licensed venues – Hotels / Bars / Pubs / Sporting Clubs / RSL</b>	Please complete section A on the next page	
<b>Licensed Venues – Night Clubs</b> (cover charge applied)	Please complete section A on the next page	
<b>Private Functions at <u>Licensed</u> Venues:</b> Function Centres, Function Rooms/spaces in Hotels, Exhibition Centres, RSL Clubs, Bowling Clubs	Please complete section A on the next page	
<b>Private Functions at <u>Unlicensed</u> Venues:</b> Community Centres / Town Centre, Parks, Streets, Commercial Premises, Private Homes, other	Please complete section B on the next page	
<b>Community Events:</b> Art Galleries, Town Centres, Parks, Streets, Community Centres	Please complete section B on the next page	
<b>Permanent and Temporary Stadiums:</b> Sports Stadium, Racecourse, Aquatic Centres, Racetracks	Please complete section B on the next page	
<b>Music Festivals</b>	Please complete section B on the next page	
		<b>100%</b>

## Crowd Control Addendum (Please List ALL Venues)

### SECTION A – Licensed Venues

Venue Name	Suburb & State	Type of Venue	Average No. of Attendees	Average No. of Guards	Do you regularly use sub-contractors Y/N	Usual Start Time	Usual Finish Time	No. of Restrained Evictions Per Week	How Long Has Contract/ Relationship Been Held	Turnover Derived from this Venue

### SECTION B – Unlicensed Venues / Events

Event Name	Location	Type of Event	No. of Annual Occurrences	Average No. of Attendees	Average No. of Guards	Usual Start Time	Usual Finish Time	Scope of Work	Turnover Derived from this Venue



## IMPORTANT INFORMATION

### 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, your insurer may cancel your contract or reduce the amount your insurer will pay you if you make a claim, or both. If your failure to tell your insurer is fraudulent, your insurer may refuse to pay a claim and treat the contract as if it never existed.

### MATERIAL CHANGES

You must also notify your insurer of any significant changes which occur during the period of insurance. If you do not, your insurance may be inadequate to fully cover you. We can assist you to do this and 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 e.g.: 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.

### PRIVACY STATEMENT

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.**

### CLAIMS MADE AND NOTIFIED INSURANCE

Some sections of the Policy provide cover on a claims made and notified basis. This means that this Policy only covers claims first made against you during the period this Policy is in force and notified to the Insurer as soon as practicable in writing while the Policy is in force. This Policy may not provide cover for any claims made against you if at anytime prior to the commencement of this Policy you became aware of facts which might give rise to those claims being made against you. Section 40(3) of the Insurance Contracts Act 1984 (Cth) provides that where you gave notice in writing to the Insurer of facts that might give rise to a claim against you as soon as was reasonably practicable after you became aware of those facts while this Policy is in force, the Insurer cannot refuse to pay a claim which arises out of those facts, when made, because it was made after the expiry of the Policy.

### 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.

## CLAIMS AND GENERAL HISTORY

Have you in the past, either alone or in a partnership or jointly with any party, or if a corporation, any of its directors:

- a) been convicted of or charged with any civil or criminal offence?  
(excluding traffic offences) ☐ Yes ☐ No
- b) been declared bankrupt or subject to any form of insolvency administration? ☐ Yes ☐ No
- c) had insurance refused or cancelled or has any insurer ever imposed special terms, conditions, or restrictions on your policies? ☐ Yes ☐ No

In the previous 5 years, have you either alone or in a partnership or jointly with any party, or if a corporation, any of its directors:

- a) suffered any loss, destruction or damage for risks insured under the proposed class of insurance? Yes No
- b) aware of any uninsured losses, unreported incidents or other incident(s) that have occurred that may give rise to a claim which would be covered by this proposed class of insurance? ☐ Yes ☐ No

If yes to any of the above questions, please provide details:

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Detail all insurance claims made in the last 5 years.

Date	Amount	Description of Offence
	\$	
	\$	
	\$	

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

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## CLAIMS AND GENERAL HISTORY

I hereby declare that:

- I have read and understood the Important Notices set out in the Proposal
- I am authorised to complete and sign this declaration on behalf of all the applicants.
- I confirm that the answers and statements in this Proposal are true and correct and I have not withheld any information which may affect the decision to accept this Proposal or the terms and conditions of any insurance provided.
- I understand that if this Proposal is accepted, the insurance cover will be subject to the terms and conditions set out in the Policy.
- I acknowledge that the particulars and statements contained in this Proposal shall form the basis of the contract should a Policy be issued.
- I further acknowledge that the Insurer may decline this Proposal.
- I consent to the Insurer using the personal information (including sensitive information) I have provided on this Proposal form and any attachments for the purposes of administering this insurance. I consent to the disclosure of personal information (including sensitive information) to third parties and overseas where it is reasonably necessary for the purposes of administering this insurance. I understand that if this consent is not given the Insurer will not be able to administer this insurance. Where I have provided personal information on behalf of another person I have complied with my obligations as set out in the Privacy Statement above.
- I understand that this insurance does not operate until the insurer issues the Policy Schedule and the premium has been paid (except for any cover provided under an interim contract of insurance).
- I 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.

Your Signature:		Your Name:	
Date:		Position:	