

Sydney

Lvl 14, 100 Miller Street, North Sydney NSW 2060
PO Box 6124, North Sydney NSW 2059
Ph: (02) 9908 0000 Fax: (02) 9908 0099

Brisbane

Lvl 1, 99 Melbourne Street, South Brisbane QLD 4101
PO Box 2780, Brisbane QLD 4001
Ph: (07) 3237 8400 Fax: (07) 3237 8499

PROFESSIONAL MONEY CARRIERS INSURANCE PROPOSAL

Period of Insurance to At 4.00pm

Important Notices

YOUR DUTY OF DISCLOSURE

Before You enter into a contract of general insurance with an Insurer, You have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that You know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to the Insurer before You renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:-

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that Your Insurer knows or, in the ordinary course of his business, ought to know;
- as to which compliance with Your duty is waived by the Insurer.

MISREPRESENTATIONS

If You fail to comply with Your duty of disclosure, the Insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract. If Your non disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

PREVENTING OUR RIGHT OF RECOVERY

Where another person is liable to compensate You for any loss, damage or liability which is covered by this Policy but You have agreed not to seek recovery of any monies from that person, we will not cover You under this policy for that loss, damage or liability.

PRIVACY

We are committed to protecting Your privacy. We only use the personal information You give us to quote on and insure Your risks. We only give personal information to:

- our underwriters (and their representatives);
- our reinsurers (and their representatives); and
- people we appoint to assist us with any claims under Your policy.

We will not trade, sell or rent Your information.

If You don't provide us with full information, we cannot properly quote for Your insurance and we cannot insure You. You can check the personal information we hold about You at any time.

For more information about our Privacy Policy, ask for a copy.

Name of Insured
(incl. all Subsidiary Companies)

Postal Address

Suburb / City

State

Postcode

Tax Status - Registered Business?

Yes No

ABN

Taxable (GST Input)

 %

Your Contact Details

Name

Private Phone

 ()

Business Phone

 ()

Facsimile

 ()

Mobile

Email

Website:

Business Premises

	State		Postcode	
--	--------------	--	-----------------	--

Name	Security Experience

In respect of the Officers/Directors, please advise:

General Information**Address(es) of branch office/ depots/ operating base**

1.		State		Postcode	
2.		State		Postcode	
3.		State		Postcode	

Describe all security checks conducted for all new Employees.

--

Please provide Your actual total Turnover for the previous Period of Insurance.

\$	
----	--

Please provide Your estimated total Turnover for the coming Period of Insurance.

\$	
----	--

Please provide details of Your estimated Turnover as a percentage per State.

ACT	%	NSW	%	NT	%	QLD	%
SA	%	TAS	%	VIC	%	WA	%

Do You utilise the services of contractors/ subcontractors?

 Yes No

If Yes, what services do they provide?

--

What are the estimated payments to contractors/ sub contractors?

\$	
----	--

Do You keep and maintain a written record of their Public Liability insurance? (This should carry a minimum limit of \$10,000,000 with an APRA authorised Insurer.)

 Yes No

Are You a member or accredited with any association?

 Yes No

If yes, please advise the association and level of membership / accreditation.

--

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**Section 1 - Money (Part A - Premises)**

Subject to the Exclusions and Conditions for Section 1 and the General Exclusions and Conditions, We will cover You for physical loss of or physical damage to Insured Property up to the Amount(s) Insured whilst in or upon the Business Premises occurring during the Period of Insurance.

Maximum amount of Money to be Insured at the Premises.

\$	
----	--

Construction & Security Details

Residential or Industrial Area?

--

Trading Hours of Business.

--

Construction of Premises:

Walls

	Roof		Floors
--	------	--	--------

Please provide full details of the Security of the Building perimeter. (e.g. Alarm System, Back up type, Doors, Patrols)

--

Please provide full details of the Security of the Safe holding Room. (e.g. Sensors, Panic Buttons, Alarm)

Details of Safe

Please provide details of the Year, Make, Model.

Is there a hold up plan in place?

Yes No

Please provide details of the Fire Rating.

Please provide details of the Locking Process.

Please provide details of the number of Locking Points.

Please provide details of the thickness of the Door.

Please provide details of the Height, Width & Depth of the Safe.

Please provide details of the Thickness of the Door

Is the Safe fixed to the Floor?

Yes No

Who has access to the Safe?

How many members of Your staff have or are entrusted with Keys an/or combination numbers to Your Vaults/Strongrooms/Safes?

Is the Safe Torch or Drill Resistant?

Yes No

If We wished to carry out a survey, who do We contact?

Name:	<input type="text"/>	Phone:	(<input type="text"/>) <input type="text"/>
-------	----------------------	--------	---

Please provide details of the alarm system(s) protecting Safes/Vaults/Strongrooms at each location requiring Insurance.

Is/are the alarm system(s) dependant on the Public supply of electricity?

Yes No

If Yes, please provide details of what back up systems are in place.

Please provide details of the Locking Process.

Is there a written system instructing Staff of their duties in the event of a duress attack?

Yes No

Section 1 - Money (Part B - Transit)

Subject to the Exclusions and Conditions for Section 1 and the General Exclusions and Conditions, We will cover You for physical loss of or physical damage to Insured Property up to the Amount(s) Insured for Armoured Car Risk, Non-Armoured Car Risk, Pavement Risk and ATM Risk whilst within the Commonwealth of Australian and its Territories occurring during the Period of Insurance.

Limit of Liability required - maximum amount of money in Transit:

- | | |
|--|----------------------|
| (i) Armoured Car Risk (Any One Vehicle) | <input type="text"/> |
| (ii) Non-Armoured Car Risk (Any One Vehicle) | <input type="text"/> |
| (iii) Pavement Risk | <input type="text"/> |
| (iv) ATM Risk | <input type="text"/> |

Please provide details of how many carries there are per week.

Please advise the Number of Days per Vehicle per Week.

Please advise the average money carry limit.

Please provide details of the annual aggregate carry for the previous Period of Insurance.

Please provide details of the estimated annual aggregate carry for the coming Period of Insurance.

Description of Vehicles - Armoured and Non-Armoured

	Description (Make / Model)	Type of Security
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>

Section 2 - General Property (for guns, safes, alarms and other security equipment)

Specified Items

	Description	Model / Serial Number	Sum Insured
1	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
2	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
3	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
4	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
5	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Sum Insured			\$ <input type="text"/>

Specified Firearms

	Make	Model	Serial Number	Permit Number	Sum Insured
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Sum Insured					\$ <input type="text"/>
TOTAL SUM INSURED					\$ <input type="text"/>

Insurance Declaration and Claims History

Your Current Insurer Expiry Date

Is there any other information, which is special or individual to You that may be relevant to us deciding whether to Insure You?

Have You or any other party noted as the Named Insured ever had insurance refused or cancelled or has any Insurer ever imposed special terms, conditions or restrictions on Your policies? Yes No

If "Yes", please provide full details (if insufficient room continue on a separate sheet)

Detail all insurance claims made in the last five years. Please include dates and amounts (if insufficient room continue on a separate sheet)

Are You aware of any uninsured losses or unreported incidents that may give rise to a claim? (if insufficient room continue on a separate sheet)

- a) Has there been, or is there now pending, any action, litigation or other proceedings (Criminal or Civil) against any proposed Insured Person, in their capacity as a director, officer, secretary, board or committee member or employee of either the Named Insured or any other company, organisation, association or trust? Yes No
- b) Has there been or is there now pending any investigation, examination, inquiry or other proceedings in relation to the affairs of the Named Insured? Yes No
- c) Do any circumstances exist that may give rise to any event described under a) or b) above? Yes No
- d) Have You or any partner(s), board or committee member(s) of the business ever been declared bankrupt? Yes No
- e) Have You or any partner(s), board or committee member(s) of the business ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)? Yes No

If You have answered "Yes" to part a), b), c), d) or e) above, please supply details.

Please check Your proposal carefully before signing the declaration below. This is especially important if the proposal is not completed in Your own handwriting.

Declaration

I acknowledge that:

- 1) I have read and understood the Important Information set out in the Proposal and I/we are authorised to make this proposal.
- 2) All information given on this Proposal and any attachment is true and correct.
- 3) The insurance contract will not commence until the premium is paid.
- 4) The Insurer reserves the right to vary the premium and/or the policy terms and conditions on receipt of the completed proposal form.
- 5) Up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform Altiora Insurance Solutions of any change in the particulars or statements contained in this proposal or in any attachments.
- 6) Although the signing of this proposal does not bind the Insurer or the Applicants to effect insurance, the Applicants acknowledge that the particulars and statements contained in this proposal and in the attachments shall be the basis of the contract should a policy be issued.
- 7) The Proposal and attachments will be incorporated in the Policy.

I/We declare that the above answers are true to the best of My/Our knowledge and belief and that all material facts which may affect the assessment of the risk have been disclosed.

I/We agree that this proposal is for insurance in the standard terms and conditions of the Insurer's policy and will be the basis of the contract.

Your Signature:

Your Name:

Date:

Your Title: