

**Sydney**

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**Brisbane**

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 PO Box 2780, Brisbane QLD 4001  
 Ph: (07) 3237 8400 Fax: (07) 3237 8499

## SECURITY SERVICES BROADFORM LIABILITY 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.

**NON DISCLOSURE**

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 give us complete 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.

If You give us personal information about anyone else, we rely on You to notify them:

- that You will give Your information to us;
- to whom we may give the information;
- the purposes for which we will use the information; and
- that they can access the information.

If the information You give us about someone else is sensitive, we rely on You to obtain their consent to disclosing it to us for the uses, and disclosure to the parties, we refer to in this statement.

For a full statement of our Privacy Policy, ask for a copy.

**Name of Insured**  
*(incl. all Subsidiary Companies)*

**Postal Address**

**Suburb / City**

**State**

**Postcode**

**ABN**

**Taxable (GST Input)**

**%**

<b>Your Contact Details</b>	Name			
	Private Phone	( )	Business Phone	( )
	Facsimile	( )	Mobile	
	Email			

Website:  Years in Business

**Business Premises**

1.	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
2.	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
3.	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
4.	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
5.	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

**Interested Parties**

*Above Parties Interest*

**Limit of Liability Required** \$

**Additional Covers:**  Yes  No Errors & Omissions

**Please describe Your Business Activities**

**Name of Directors / Partners**

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>

**Background of Directors / Partners**

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>

**Date Business Established**

**Underwriting Information**

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	%

Please provide Your actual total Wages for the previous Period of Insurance. \$

Please provide Your estimated total Wages for the coming Period of Insurance. \$

Please provide the number of Security Staff.

Full-Time	<input type="text"/>	Part-Time	<input type="text"/>
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Please provide details of the estimated number of Participants for the Period of Insurance.

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

Please provide details of Your estimated Turnover as a percentage per Business Activity:

Design or alteration of Security Systems	%
Installation of Security Systems	%
Monitoring of Alarms	%
Alarm Sales, Service & Maintenance	%
Static Guarding – e.g. business premises, shopping centres, banks etc.	%
Servicing & Maintenance of Security Systems	%
Mobile Patrols	%
Alarm Response	%
Training & Education Programmes	%
Traffic Control	%
Cash Escorts	%
Body Guarding	%
Use of Guns	%
Use of Dogs	%
Crowd Control – e.g. Hotels, Concerts, Discos, Entertainment Venues	%
Servicing, Repair & Installation of Fire Systems	%
Installation & Service of Sprinkler Systems	%
ATM Servicing & Maintenance	%
Private Investigators	%
Debt Collectors	%
Process Servers	%
Other: _____	%

Do You undertake Crowd Control activities? (If yes, please complete Crowd Control addendum)  Yes  No

Do You provide any indemnity or hold harmless conditions to any customers, suppliers or other parties?  Yes  No

If Yes, please provide details. \_\_\_\_\_

Do You contract to any State, Federal Authorities or Airports?  Yes  No

If yes, please provide details. \_\_\_\_\_

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 authorised insurer.)  Yes  No

Do You provide guard dog security?  Yes  No

If Yes, what is the total number of dogs? \_\_\_\_\_

Are the dogs permanently under the control of handlers?  Yes  No

If No, please provide details. \_\_\_\_\_

Are the dogs properly kennelled when not being used for guard duty?  Yes  No

Are all dogs professionally trained prior to being used for guard duty?  Yes  No

Do You use Firearms?  Yes  No

If Yes, please provide details of the number of guards licensed to use Firearms. \_\_\_\_\_

Please advise the type and number of Firearms used:

Description	Number

Are the Firearms serviced each year?  Yes  No

Please provide details of how often shooting practice undertaken each year.

Do You, including Your employees where appropriate, hold the necessary licences, statutory and police authorisations to use guns?  Yes  No

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

Do You use Batons?  Yes  No

If Yes, please provide details.

Please advise the type and number of Batons used:

Description	Number

**Crowd Control Addendum**

Please advise which nights are worked:

Monday	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tuesday	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wednesday	<input type="checkbox"/> Yes <input type="checkbox"/> No	Thursday	<input type="checkbox"/> Yes <input type="checkbox"/> No
Friday	<input type="checkbox"/> Yes <input type="checkbox"/> No	Saturday	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sunday	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please advise:

Usual Start Time	Usual Finish Time
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Please advise the number of Guards:

Please advise the Type of Venues:

Disco / Night Club	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sporting Venues	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hotel or Tavern	<input type="checkbox"/> Yes <input type="checkbox"/> No	Function Venues	<input type="checkbox"/> Yes <input type="checkbox"/> No
RSL or Club	<input type="checkbox"/> Yes <input type="checkbox"/> No	Art Galleries	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private Home	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list the Venue Names and Addresses of licensed premises.

1.	<input style="width: 980px; height: 20px;" type="text"/>
2.	<input style="width: 980px; height: 20px;" type="text"/>
3.	<input style="width: 980px; height: 20px;" type="text"/>
4.	<input style="width: 980px; height: 20px;" type="text"/>

Does the Crowd / Audience exceed 5,000 patrons?  Yes  No

Please advise:

Average Crowd Size	Maximum Crowd Size
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Do You, including Your employees where appropriate, hold the necessary licences, statutory and police authorisations to undertake Crowd Control activities?  Yes  No

Please provide full details of duties. (I.e. ID Checks, Door Duties, Collecting Glasses, Patron Eviction)

Please provide details of the average number of weekly evictions.

Please provide details of Your experience at licensed premises

**Insurance Declaration and Claims History**

Your Current Insurer

Expiry Date

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)

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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)

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- 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.

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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:

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Your Name:

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Date:

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Your Title:

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