

SECURITY LIABILITY INSURANCE PROPOSAL

Important Notices

You must read the notices below. If you have any queries, please contact your Insurance Broker.

Duty of Disclosure

This Policy is subject to the Insurance Contracts Act 1984. Before you enter into a contract of general insurance with us, you have a duty to tell us of everything that you know or could reasonably be expected to know that is relevant to our decision to insure you and to the terms of that insurance. If you are not sure whether something is relevant you should inform us anyway.

You have the same duty to inform us of those matters before you renew, extend, vary or reinstate your contract of insurance.

Your duty however does not require disclosure of matters that:

- * Reduce the risk
- * Are common knowledge
- * We know or, in the ordinary course of our business, ought to know, or
- * We have indicated we do not want to know

If you do not complete with your duty of disclosure, we and/or the Insurer may be entitled to:

- * Reduce our liability for any claim
- * Cancel the contract
- * Refuse to pay the claim
- * Avoid the contract from its beginning, if your non-disclosure was fraudulent.

Privacy Statement

The information collected on this proposal form will be used to assess your request for insurance and to provide other services in accordance with our privacy policy. Berkley Insurance Australia (BIA) authorises Arena Underwriting Pty Ltd (Arena) to collect this information on BIA's behalf and to use it for Arena's purposes. In addition BIA may share your information with other Third Parties, as defined in the privacy policy, in order to undertake insurance services.

If you do not complete the proposal form in full and in accordance with your duty of disclosure, BIA may not be able to provide you with insurance or may impose additional condition on any cover provided. In accordance with BIA's privacy policy you may obtain access at any time to information that BIA or its service provided hold on you. If you would like to contact BIA about our privacy, or would like to obtain a copy of the privacy policy you may do so online at www.berkleyinaus.com.au

Taxation Information

The amount of cover you choose excludes Goods and Services Tax (GST). If you are not registered for GST, in the event of a claim we will reimburse you the GST component in addition to the amount that we pay. The amount that we are liable to pay under this Policy will be reduced by the amount of any input tax credit that you are or may be entitled to claim for the supply of goods or services covered by that payment. If you are entitled to an input tax credit for the Premium you have paid, you must inform us of the extent of that entitlement at or before the time you make a claim under this Policy. We will not indemnify you for any GST liability, fines or penalties that arise from or are attributable to your failure to notify of your entitlement (or correct entitlement) to an input tax credit on the premium. If you are liability to pay an Excess under this Policy, the amount payable will be calculated after deduction of any input tax credit that you are or may be entitled to claim on payment of the Excess. If you are unsure about the taxation implications of this Policy, you should seek advice from your accountant or tax professional.

Don't Prevent Our Right of Recovery

The Liability policy contains a provision which states that if you surrender your right to seek recovery from another party for a loss covered by the policy, we have a right to reject any claim from you in relation to that Loss.

General Information

Insured name(s) including trading names:			
ABN:			
Tax registered business:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Input tax credit:	%
Situation address:			
Website address:			

Period of Insurance

Dates cover is required:	From:	To:
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Limit of Indemnity

Public & Products Liability	<input type="checkbox"/> \$10,000,000 <input type="checkbox"/> \$20,000,000
Cash In Transit (Please complete Cash In Transit Addendum)	<input type="checkbox"/> Yes: Limit Required \$ <input type="checkbox"/> Not Required
Errors & Omissions (Optional extension on Public & Products Liability only policy)	<input type="checkbox"/> \$1,000,000
Professional Indemnity	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> \$10,000,000
Management Liability	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000
Loss of Keys Limit:	<input type="checkbox"/> \$30,000 (Automatic) <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000

Business Information

Name of Principals/Partners/ Directors/Key Staff	Years' Experience	Qualifications / Industry Affiliations

<p>Have any of the Directors/Owners/Co-Owners/Partners/Principals ever been Directors/Owners/Co-Owners/Partners/Principals of a previous security company?</p> <p>If yes please provide details:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Estimated annual turnover for the next 12 months:</p>	
<p>Actual turnover from the last 12 months:</p>	
<p>Estimated wages for the next 12 months:</p>	
<p>Do you engage subcontractors or labour hire personnel?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Estimated payments to subcontractors for the next 12 months:</p>	
<p>Estimated payments to labour hire personnel for the next 12 months:</p>	
<p>Do you check subcontractors & labour hire personnel to ensure they have a current public liability insurance and workers compensation insurance policy prior to engagement?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Please advise the type of work undertaken by the contractors/subcontractors:</p>	
<p>Are you and all persons employed or engaged by you or on your behalf licensed and trained in accordance with the relevant Authorities and Legislation governing the security industry in the State(s) in which you operate your business?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Risk Management Controls</p>	
<p>Do you secure a written contract or engagement letter for every client?</p> <p>If no, please indicate how the scope of services is agreed for your clients</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you provide security services at government facilities including airports, buildings and infrastructure of historical significance?</p> <p>If yes please provide details:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Do you assume liability or enter into any contractual agreement with a Hold Harmless Clause of assumed liability regardless of fault?</p> <p>If yes please provide details:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>How do you ensure the professional services and/or training material provided are in line with current best practice and/or operational framework?</p>	

Please confirm the activities you require cover for over the next 12 months and the percentage of turnover earned from each activity.

<u>Activities</u>	<u>Turnover Percentage</u>
Design, Alteration, Installation, Service, Maintenance of Security Systems	
Investigations	
Static Guarding (e.g. business premises, shopping centres, banks etc)	
Mobile Patrols	
Responding to Alarms	
Monitoring of Alarms	
Cash Carry	
Body Guarding	
Debt Collections (Office based only)	
Traffic Control	
Use of Firearms, Firearms Training	
Use of Guard Dogs, Guard Dog Training and/or Breeding and/or Sale of Guard Dogs	
Crowd Control at Licensed Venues (Further questions below)	
Other Crowd Control	
<p>Other activities</p> <p>Please describe other activities in detail:</p>	

Please note this policy **EXCLUDES** cover for the following activities:

- Crowd Control activities carried out at nightclubs, unlicensed venues, music festivals and events at warehouses.
- Contracts with airports, hospitals with emergency rooms, mine sites other than gatehouse monitoring

Please complete if you require cover for Crowd Control at Licensed Venues

VENUE NAME: VENUE OPERATING HOURS:	VENUE ADDRESS: GUARD SHIFT TIMES:
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Please complete if you require for Cash In Transit

Estimated number of carries per week?	
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What is the value of the maximum carry?	
What is the average carry limit any one carry?	
What is the estimated annual total to be carried for the next 12 months?	

Please complete if your activities include Use of Guard Dogs

Are all dogs properly kennelled when not being used for guard duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all dogs professionally trained prior to being used for guard duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are dogs permanently under control of a handler whilst on duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are dogs muzzled or kennelled while handler is on a break on duty at third party premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please complete if your activities include Use of Firearms

Number of guards licensed to use guns?	
Number of firearms used by the company?	
Are all guards licensed to carry firearms required to undertake refresher training on a regularly basis? If so, how often?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all firearms serviced each year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all firearms licensed & stored when not in use in accordance to regulatory requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please complete if your activities include Use of Batons

Number of batons used?	
Are all guards required to undergo training prior to issue for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Risk Management Controls

<p>Do you secure a written contract or engagement letter for every client?</p> <p>If no, please indicate how the scope of services is agreed for your clients:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you provide security services at government facilities including airports, buildings and infrastructure of historical significance?</p> <p>If yes please provide details:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you assume liability or enter into any contractual agreement with a Hold Harmless Clause of assumed liability regardless of fault?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>How do you ensure the professional services and/or training material provided are in line with current best practice and/or operational framework?</p>	

Please complete if you require Professional Indemnity and/or Management Liability

Valuation of assets:	\$	Valuation of total liabilities:	\$
Estimated fee income:	\$		

Please provide details of the 5 largest contracts of projects undertaken by the Insured:

Project Description	Fee Income Derived	Date Completed
	\$	
	\$	
	\$	
	\$	
	\$	

Human Resource & Management Controls

<p>Do you distribute employment handbook/policies to all employees at the commencement of their employment?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you always check references of potential employees of contractors including Police and Working with Children Checks?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you seek legal advice or opinion prior to terminating any employee's employment contract?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have a documented process in dealing with internal handling and resolution of complaints made by employees?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have written workplace policies and/or manual in relation to the following: a) Discrimination b) Equal Opportunity c) Sexual Harassment d) Termination of employment?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If no to a, b, c or d, please provide ways in which the company would manage this process?</p>	

Fidelity Controls (Only complete if Management Liability is required)

<p>Do you segregate the following duties so that no one individual can control any of the following activities from commencement to completion without referral to others:</p> <ul style="list-style-type: none"> - Signing cheques, preparing cheque requisitions, reconciling bank statements, issuing transfer instructions above \$5,000? - Refund of monies or return of goods above \$5,000? - Reconciling bank statements or corporate and/or company purchase credit cards? <p>If no has been answered to any of the above, please provide ways in which the company would manage or minimise risk of employee dishonesty and misappropriation of monies.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Is there an annual independent physical count or audit of stock or services that is reconciled against inventory stock and/or work completed?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Underwriting Information – applicable to all sections of cover

Has any insurer ever declined to insure you or declined to renew any of your insurances or imposed special terms and conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the last 10 years have you ever had any criminal convictions or been bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the last 10 years have you suffered <i>any</i> claims or caused incidents that could give rise to claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously been insured for liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered yes to the above, please provide details:	

Declaration – applicable to all sections of cover

I/We declare that:

- (i) The answers and information given by me/us in this proposal are true and correct in all respects and that no information has been withheld which would affect BIA's decision about accepting this insurance and
- (ii) Where answers in this proposal are not my/own handwriting they have been checked by me/us and I/we agree they are correct.
- (iii) I/we have read and understood the clauses detailed under the Important Notices section at the front of this proposal.
- (iv) If there was insufficient space to fully answer any questions, we have attached supplementary pages providing the additional information required.
- (v) I/we authorise BIA to give to or obtain from other insurers or any insurance or credit reference bureau, any information relating to these insurance covers and any other insurances held by me/us and claims under those insurances.
- (vi) I/We understand that if this proposal is accepted, my/our insurance cover will be subject to the terms and conditions set out in the Arena Security Liability or Arena Encore Security Liability Policy.
- (vii) I/We further acknowledge that BIA, their agents or employees reserve the right to decline this proposal.

Name:

Signature:

Date: