

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.

1. 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:			
Business Phone No:			
Website Address:			
Email Address:			

2. Period of Insurance

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

Public & Products Liability	<input type="checkbox"/> \$ 10,000,000 <input type="checkbox"/> \$ 20,000,000
Cash In Transit <i>(Please complete Cash In Transit Addendum)</i>	<input type="checkbox"/> Yes: Limit Required \$ _____ <input type="checkbox"/> Not Required
Errors & Omissions <i>(Optional Extension on Public & Products Liability only policy)</i>	<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
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

4. Details of Business

Name of Partners/Directors	Experience	Qualifications / Industry Affiliations	
Number of years the Business has been operating?			
Have any of the Partners/Directors/Owners ever been an Owner/Co-owner/Director/Partner/Principal of a previous Security company?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details:			
Estimated Annual Turnover for the next 12 months?			
Estimated Wages:			
Estimated Payments to Subcontractors?			
Do you check subcontractors and part time personnel for adequacy of their public liability insurance prior to engagement?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 your operator your business?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please advise the type of work undertaken by the contractors/subcontractors?			
<i>Please complete if you require Professional Indemnity and/or Management Liability</i>			
Valuation of assets:	\$	Valuation of total liabilities:	\$
Gross Consolidated turnover for the current financial year?		\$	
Gross consolidated turnover for the prior financial year?		\$	

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 or alteration of security systems	
Installation of security systems	
Investigations	
Service & maintenance of security systems	
Static Guarding (e.g. business premises, shopping centres, banks etc)	
Mobile Patrols	
Responding to alarms	
Monitoring of alarms	
Cash Carry	
Body Guarding	
Debt Collections (<i>Office based only</i>)	
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 Nightclubs	
All other Crowd Control	
Other activities	

Please describe other activities in detail:

Please note this policy excludes cover for the following activities;
 * **Crowd Control activities carried out at unlicensed venues, open air festivals and events at warehouses.**
 * **Contracts with State or Federal Authorities, Hospitals or Airports.**
 * **Contracts for hotel quarantine locations**
 * **ATM service, maintenance or repairs**

5. Please complete if you require for Cash In Transit

Estimated number of carries per week?	
What is the value of the maximum carry?	
What is the average carry limit anyone carry?	
What is the estimated annual aggregate carry for the next 12 months?	

6. 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 professional trained prior to being use 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

7. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how often?	
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

8. 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

9. Risk Management Controls

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

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

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

10. Employee Information

Please provide the following details for each insured's principles, partners, directors and key staff who will be conducting your Professional Services.

Name	Age	Qualification / Date Qualified	Years' Experience

11. Human Resource & Management Controls

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

12. Fidelity Controls

(Only complete if Management Liability is required)

Do you segregate duties so that no one individual can control any of the following activities from commencement to completion without referral to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signing cheques, preparing cheque requisitions, reconciling bank statements or issuing transfer instructions above \$ 5,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refund of Monies or return of good above \$ 5,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reconciling bank statements or corporate and/or company purchase credit cards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an annual independent physical count or audit of stock or services that is reconciled against inventory stock and/or work completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No has been answered to any of the above, please provide ways in which the company would manage or minimise risk of employee dishonest and misappropriation of monies.	

13. Underwriting Information

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:	

14. DECLARATION:

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 Policy.
- (vii) I/We further acknowledge that BIA, their agents or employees reserve the right to decline this proposal.

Name:

Signature:

Date:

