



**Cover**

Liability Insurance	Limit of Liability \$
Property in Care Custody and/or Control	Premises, Vehicles, Employees Property, other Property excluding keys, money and documents Limit of Liability \$
Loss of Money and Documents	Total amount of Money and Documents carried during this year \$ Limit of Liability \$
Loss of Keys	Limit of Liability \$
Errors and Omissions	Limit of Liability \$

What percentage of turnover is derived from the following?

- Design or alteration of security systems ..... %
- Installation of security systems ..... %
- Investigation ..... %
- Service & maintenance of security systems ..... %
- Static guarding e.g. Business premises, shopping ..... %
- Centre's, banks, gate-houses ..... %
- Mobile patrols ..... %
- Responding to alarms ..... %
- Cash carry ..... %
- Use of Firearms ..... %
- Use of Dogs ..... %
- Body guarding ..... %
- Debt collections ..... %
- Traffic control ..... %
- Education programs, i.e. self defence etc ..... %
- Fire arms training ..... %
- Guard dog training, breeding or sale ..... %
- Monitoring of alarms ..... %
- Manufacture of security systems ..... %
- Airport Security ..... %
- Medivac Services ..... %
- Crowd Control ..... %
  - Hotels ..... %
  - Concerts ..... %
  - Discos ..... %
  - Entertainment venues ..... %
- Other ..... %

Please provide details below:


Do you use sub-contractors?	Yes / No NOTE: Any and all subcontractors whose services are used by the Insured are deemed NOT to be Employees and shall provide their own liability insurance in an amount as least equal to this insurance or a greater Limit of Liability as required by the Insured.
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Do you provide guard dog security?	Yes / No	Total number of dogs?
Are dogs permanently under control of handler?	Yes / No	If no, please provide details:
Are all dogs properly kenneled 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 state:
What percentage of your turnover is derived from gun use?	%	
Number of guards licensed to use guns?		
Number and type of firearms used?		
Are firearms serviced each year	Yes / No	
How often is shooting practice undertaken each year and provide details		
Confirm all firearms are licensed and is copy of Licence sighted?		
Confirm all guns are stored, when not in use, under government approved storage conditions.		

Do you use batons?	Yes / No please state: If yes,
Number and type of batons used	
Please provide details of training undertaken	

Do you provide warning signs or notices?	Yes / No	If yes, please state
a) Type of signs/notices		
b) Are signs well posted and open to full display?	Yes / No	
c) Do you display signs at minimum distances?	Yes / No	

Do you have a clear protocol and security for the locking of keys out of hours	Yes / No. Please provide details:
Is a record kept of who has swipe card access and times used?	Yes / No. Please provide details:
Is any re-keying done with your knowledge?	Yes / No. Please provide details:

Do you provide any indemnities, hold harmless conditions to any customers, suppliers or other parties?	Yes / No	If yes, please provide a copy of the contracts.
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Do you contract to any State, Federal Authorities or Airports?	Yes/No If yes, please provide full details
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Do you provide any Medivac services?	Yes/No    If yes, please provide full details
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**YOUR PREVIOUS HISTORY**

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

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Suffered any loss, destruction or damage for risks to be insured under the proposed policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Had any Insurer decline any claims submitted?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Had any Insurer decline any Proposals submitted?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Had any Insurer cancel or refuse to renew a Policy?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Had any Insurer require any increased premium or imposed special conditions?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ever been bankrupt?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Been convicted of or charged with any civil or criminal offence?                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any of the above, please give details (or attach if insufficient space):

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**Insurance Declaration and Claims History**

Insured's previous insurer     Expiry Date  /  /

Detail all insurance claims made in the last five years together with any uninsured losses.  
Please include dates and amounts. (If insufficient room continue on a separate sheet)

DATE OF LOSS	TYPE OF LOSS	AMOUNT	NAME OF INSURER

## **Important Notices**

### **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 the 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 any 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 its business, ought to know;
- as to which compliance with your duty is waived by the insurer.

It is important that all information contained in this proposal is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this proposal. You should obtain advice before you sign this proposal if you do not properly understand any part of it.

Your duty of disclosure continues after the proposal has been completed up until the contract of insurance is entered into.

### **Non-Disclosure**

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its 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.

### **Change of Risk or Circumstances**

You should advise the Company as soon as practicable of any material change to your normal business as disclosed in the proposal, such as changes in location, acquisitions and new overseas activities.

### **Subrogation**

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the policy that you will not seek to recover such loss or damage from that person, the Company will not cover you, to the extent permitted by law, for such loss or damage.

### **Privacy Statement**

The Company is committed to protecting your privacy. The Company only use the personal information you provide to the Company to quote on and insure your risks. The Company only provide personal information to their underwriters and reinsurers (and their representatives) and those we appoint to assist the Company with claims under your policy. The Company will not trade, rent or sell your information.

If you don't provide the Company with complete information, the Company cannot properly quote for your insurance and the Company cannot insure you. You can check the personal information the Company hold about you at any time.

If you provide the Company with personal information about anyone else, the Company relies on you to have told them that you will provide their information to the Company, to whom the Company may provide it, the purposes for which the Company will use it and that they can access it. If the information is sensitive, the Company relies on you to have obtained their consent on these matters.

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

### **Role of Winsure Insurance Group**

In arranging this insurance, Winsure Insurance Group is acting under an authority given to it by the Company, and is acting as the Companies agent and not as your agent.

**Your Insurer**

Certain Underwriters at Lloyd's

**Acknowledgement**

We acknowledge that we have read and understand the **Important Notices** contained in this application. We agree that this proposal, together with any other information or documents supplied, shall form the basis of any contract of insurance.

We acknowledge that if this application is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by the Company.

We declare after enquiry that the statements, particulars and information contained in this application and in any documents accompanying this application are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.

We undertake to inform the Company of any material alteration to those facts before completion of the contract of insurance.

Dated.....

Signature.....