

PROPOSAL FORM

Full name of Proposer (including trading name)

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Address.....

.....

Names of Partners/Directors

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Background of Partners/Directors including number of years experience in the Security Industry:

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.....
.....

Date Established

Telephone Number and Person to contact:

Fax Number

Are you a member of any Trade Association or Regulatory Body? If so, please provide details:

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Nature of security work undertaken; please state below categories:

a) Static/Mobile Guards

Yes	No
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b) Retail Security

Yes	No
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c) Cash Carrying

Yes	No
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d) Installation of Alarms & other Security Systems

Yes	No
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e) Any other work; please supply details

1. PUBLIC LIABILITY/EFFICACY & CONTRACTUAL LIABILITY

a) Public Liability – Limit of Indemnity required

b) Is Efficacy and Contractual Liability required?

c) Limit of Indemnity for Efficacy and Contractual Liability

d) Please state estimated turnover for the coming year

e) Do you provide Guard Dog Security?
 If Yes, please state

(i) If permanently under the control of a handler

(ii) Total number of dogs

(iii) Are all dogs properly kennelled when not being used for guard duty?

(iv) Are all dogs professionally trained prior to being used for guard duty?

(v) Is there a “one to one” relationship between the dog and handler?

(vi) If not please detail your method of operation

f) Please state below percentage split of your Contracts:

(i) Offices %

(ii) Warehouses & Factories %

(iii) Shopping Precincts %

(iv) Building Sites %

(v) Garages/Car Compounds %

(vi) Other work – please specify %

IF INSURANCE IS REQUIRED FOR EFFICACY & CONTRACTUAL LIABILITY WOULD YOU KINDLY FURNISH A COPY OF YOUR CONTRACT CONDITIONS AS COVER IS SUBJECT TO UNDERWRITERS APPROVAL OF THE CONDITIONS.

2. EMPLOYERS LIABILITY

Please give estimated annual wages and numbers in respect of employees in the following categories including Labour Only Sub Contractors:

- a) Clerical staff, Directors, Commercial Travellers and Managerial Employees who do not engage in manual work
- b) Static and mobile Security Guards
- c) Guards engaged on cash carrying duties
- d) Others Employees; state type

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e) **Sub Contractors :**

- (i) Do you employ any Sub Contractors? (If Labour only please include under Employers Liability Section)
- (ii) Do you ensure that Sub Contractors maintain Employers Liability and Public/Products/Products (Efficacy) Liability Insurances with Limits of Indemnity no less than the Limits proposed under this Insurance

(iii) Estimated Annual payments to Bona-Fide Sub Contracts

Number	Estimated Wages

Yes No

Yes No

£

3. PERSONAL ACCIDENT INSURANCE

Do you require Personal Accident Insurance?

If Yes, please state

- a) Do you require full 24 hour cover?
- b) Do you require Insurance restricted to occupational cover only including travelling to and from work?
- c) The total number of employees and brief description of work undertaken:

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d) The sum insured required per person for death and capital benefits

e) The sum insured required per person for temporary total disablement

f) Are satisfactory enquiries made concerning the health and physical fitness of prospective employees before they are employed?

Yes No

Yes No

Yes No

£

£

Yes No

4. FIDELITY GUARANTEE

Do you require Fidelity Guarantee Insurance?

If Yes, state Limit of Indemnity

Yes No

£

5. WRONGFUL ARREST

Is cover required for Wrongful Arrest?

 Yes

 No

If yes, please state of Limit of Indemnity

6. YOUR CUSTOMERS PROPERTY

a) Do you require cover for cash and/or valuables and/or goods in transit?
(Further details will be required)

 Yes

 No

b) Do you require cover for Loss of Keys Insurance?

 Yes

 No

If yes, please state Limit of Indemnity

c) Do you require cover for Consequential Loss following Loss of Keys?

 Yes

 No

If yes, please state the Limit of Indemnity

7. OTHER DETAILS OF WORK UNDERTAKEN

Do you undertake or are you likely to undertake any work

a) Outside England, Scotland, Wales, the Channel Island or the Isle of Man

 Yes

 No

b) Airside (except work inside terminal buildings)

 Yes

 No

c) Offshore

 Yes

 No

If answer to any of the above is "Yes" please provide details

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8. CLAIMS HISTORY

Have any claims been made upon you or notified (whether insured or not) in respect of any of the above mentioned risks during the past five years?

 Yes

 No

If yes, please provide the following details

Year	Brief Details and Type of Claim	Amount	Amount Outstanding

9. SCREENING PROCEDURES

It is imperative that this section is fully completed at the information is relevant to all sections of the policy.

It is a requirement and condition of all the insurances that satisfactory written references must be obtained going back to a period of at least ten years or to school leaving age before any person is employed. It is, however, permissible for satisfactory references to be obtained for the previous five years (if verbal references are obtained, these must be appropriately recorded on the Personnel file) and the person placed on probationary employment for sixteen weeks but satisfactory written references must be obtained for the period of at least ten years within the sixteen-week probationary period.

Please confirm that your screening procedures comply with the above requirements

If your procedures are not in accordance with the above, please give details below of your systems and the matter will be considered further by the Underwriters.

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PLEASE ALSO FURNISH A COPY OF YOUR EMPLOYMENT APPLICATION FORM

10 LONG TERM AGREEMENT

Are You willing to enter into an Agreement whereby you undertake to retain the Insurance with the Underwriters for three years subject to there being no increase in the rates (a discount is available in respect of this agreement)

I YES please read and sign the undertaking below.

In consideration of the underwriters agreeing to allow a discount on premiums relating to the policies based on this proposal form, we undertake to renew annually for three years the insurances based on terms and conditions in force at the commencement of the insurance and pay the premiums thereon annually. The Company shall be under no obligation to accept an offer made in accordance with the above mentioned undertaking. It is understood that the premiums may be varied depending on alteration in the Turnover, Sums Insured or changes in Benefits.

Signed

Dated

11 PREMISES

Would you like us to arrange cover for the following:-

Building/Office or Trade Contents/Loss of Profits/Own Money/All Risks

If YES, the underwriters shall contact you for further information

12 PRESENT/PREVIOUS INSURANCES

(a) Name of Brokers and/or

Underwriters.....
.....

(b) Renewal Date.....

13 GENERAL

(a) Has an Insurer

- (i) Declined to accept any Insurance for which you are now proposing?
- (ii) Cancelled or refused to renew a Policy?
- (iii) Required an increased premium, special terms or restrictions?

Yes	No
Yes	No
Yes	No

(b) Have you the Proposer or any Partner or Director ever been

- (i) Convicted of or charged (but not yet tried) with a criminal offence
- (ii) Declared Bankrupt or Insolvent

Yes	No
Yes	No

(c) To your knowledge, has any Employee ever been convicted of or charged (but not yet tried) with a criminal offence?

Yes	No
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If YES to any of the above, please give details:

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I/WE DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND I/WE HAVE NOT CONCEALED ANY MATERIAL FACT THAT OUGHT TO BE KNOWN OR ADVISED TO THE UNDERWRITERS.

I/WE AGREE THAT ANY VARIATION IN PRACTISES AND/OR SAFEGUARDS AND/OR PROCEDURES WILL NOT BE MADE WITHOUT THE KNOWLEDGE AND AGREEMENT OF THE UNDERWRITERS.

I/WE WARRANT THAT THE ABOVE STATEMENTS ARE TRUE AND AGREE THAT THEY SHALL BE THE BASIS OF THE PROPOSED CONTRACT BETWEEN THE UNDERWRITERS AND YSELF/OURSELVES AND BE INCORPORATED THEREIN.

I/WE FURTHER AGREE TO RENDER AT THE END OF EACH PERIOD OF INSURANCE. A STATEMENT OF ALL WAGES AND/OR SALARIES ACTUALLY EXPENDED AND/OR TURNOVER RECEIVED AND TO PAY ANY EXCESS PREMIUM DUE.

IT IS FURTHER WARRANTED THAT CONTINUED ACCURACY OF THE ABOVE STATEMENTS, PARTICULARS AND ANSWERS SHALL BE CONDITION PRECEDENT TO LIABILITY UNDER THE PROPOSED INSURANCES.

SIGNED

POSITION

DATED