



ASR Underwriting Agencies

Renewal Form

PUBLIC & PRODUCTS LIABILITY

SECURITY INDUSTRY

Arranged through ASR Underwriting Agencies Pty Ltd Underwritten by Certain Underwriters at Lloyd's

IMPORTANT NOTES

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING THE PROPOSAL FORM. WHERE FURTHER INFORMATION IS REQUIRED PLEASE ATTACH IT TO THIS PROPOSAL FORM. This proposal must be typed, or completed in ink and signed and dated by such person (Proposer/You/Your) who must be of legal capacity and authorised by the Proposer to seek a quotation for Liability Insurance and any additional coverage that may be provided by the Insurer. Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay quotation.

Should there be insufficient room in the Proposal Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and paragraph number. It is the duty of the Proposer to disclose all material facts to Insurers. Where this is omitted, the Insurers may avoid their obligation under the Policy.

For the purpose of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a 'material fact' shall be deemed to be one that would be likely to influence an Insurer's judgement and acceptance of Your Proposal. Upon acceptance of the Insurers' terms and conditions and payment of the premium, all information provided by the Proposer together with the guidance notes will be deemed to be incorporated in the contract between Insurers and the Proposer.

YOUR DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something: If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

PRIVACY

We are committed to protecting your privacy. We use the information you provide to us to assist with your insurance needs. We provide your information to insurance underwriters, brokers and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to certain Underwriters at Lloyd's when we are seeking insurance terms from them, or to reinsurers who are located overseas. We also supply your information to the providers of our policy administration and underwriting systems that help us to maintain our products and services. You will be advised where those companies are located at the time any advice is given to you. We do not trade, rent or sell your information. If you do not provide us with full information, we cannot properly seek insurance terms for you, or assist with claims and you could breach your duty of disclosure. For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy by telephone to our Privacy Officer on 07 3442 3301 or visit our website www.asruw.com.au

EXCESS

The policy provides that You will be required to bear a specified amount of all claims and this is for each and every claim made against You including defence costs. We will let You know when the excess is payable.

YOUR LEGAL LIABILITY

If you take out a Liability cover section, the financial risk of court awards through litigation is ever increasing and we recommend that You select a Limit of Liability that takes into account the future cost of claims including legal fees and costs of defence. Even higher limits are available than your current limit if required. Defence costs are included within the limit of liability, when you take out a Liability cover section.

WAIVER OF RIGHTS

If You have entered into an agreement with another party, which prevents your Insurer from taking recovery action for compensation from that party it may affect Your rights to cover under this Policy. Should You now be a party to such an agreement or be requested to enter such an agreement in the future, please advise your Broker in writing so we may notify the Insurer.

RISK SURVEY

Acceptance of the proposed risk may be subject to a survey to be carried out by or on behalf of the Insurers. In the event that the survey results in findings of misrepresentation, Insurers may be able to decline any potential claim. Please note that by carrying out a site survey and report any ensuing requirements &/or recommendations shall not constitute any undertakings on the part of the Insurers or others to determine or warrant that the premises surveyed are safe, fit or compliant with any Federal, State, Local Government law, statute, by-law, rule, regulation, building code or the like.

BROKER DETAILS

Broker Name		Contact Name	
Phone Number		Fax Number	
Email Address			

INSURED'S DETAILS

Full name(s) to be insured					
Company name					
Tax status	Registered business	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ABN	
Contact details	Name			Phone	
	Mobile			Fax	
	Email				
Primary location					
Period of proposed insurance	From	at 4pm local time		To	at 4pm local time

CURRENT INSURANCE DETAILS

Current insurer/policy			Expiry date	
Limit of indemnity	\$	Last year's premium		\$

GENERAL INFORMATION

How many years of experience in the security industry?			Date established							
Company's master licence number			Membership body							
Describe all security checks undertaken for new staff (attach details if more space is required)										
Estimated annual payroll	\$	Estimated payments to subcontractors		\$						
Show percentage of work performed in each state:	NSW	%	ACT	%	QLD	%	WA	%		
	VIC	%	TAS	%	SA	%	NT	%		
Actual turnover (previous year)	\$	Estimated turnover (current year)		\$						
Number of full time employees		Number of principals			Number of licensed security guards					
Are you represented outside of Australia (if Yes, provide details)	<input type="checkbox"/> Yes		<input type="checkbox"/> No							
Limit of indemnity required	<input type="checkbox"/> \$5,000,000				<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$20,000,000				
Is errors & omissions cover required?	<input type="checkbox"/> Yes				<input type="checkbox"/> No					
Is loss of keys cover required?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		Limit required	<input type="checkbox"/> \$25,000			<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000
Is cover for cash required?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		Limit required	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> Other \$	
Excess Options (minimum \$2,500 standard excess, \$10,000 crowd control)						<input type="checkbox"/> \$2,500		<input type="checkbox"/> \$10,000		
Discounts apply for voluntary excess						<input type="checkbox"/> \$5,000		<input type="checkbox"/> \$15,000		<input type="checkbox"/> \$25,000

BUSINESS ACTIVITIES

Work undertaken	% of total annual turnover	% of turnover subcontracted
Mobile patrols/static guarding - residential properties, offices, strata		
Mobile patrols/static guarding - retail, shopping centres, parking lots		
Mobile patrols/static guarding - warehouses, manufacturing and other industrial sites		
Alarm response		
Cash in transit (CIT) (please complete Addendum 3 - Cash In Transit)		
Concierge		
Bodyguard		
Traffic control (please attach details explaining works undertaken)		
Debt collector		
Private investigator		

BUSINESS ACTIVITIES

Work undertaken	% of total annual turnover	% of turnover subcontracted
Alarm monitoring - residential		
Alarm monitoring - commercial (offices and retail)		
Alarm monitoring - manufacturing, warehousing, agricultural		
Security consultant (including sales of security products, loss prevention officers, risk management)		
Alarm products design/alteration (please complete Addendum 1 - Security Systems Supplementary Questionnaire)		
Alarm installation/service and maintenance - non-residential (please complete Addendum 1 - Security Systems Supplementary Questionnaire)		
Alarm installation/service and maintenance - residential (please complete Addendum 1 - Security Systems Supplementary Questionnaire)		
Crowd control (i.e. hotels, events (public and private), functions, licensed premises, public entertainment venues, hospitals, quarantine facilities etc.) As per the recent amendment to the Security Industry Act, mobile patrols/static guarding at retail premises and public places has now been included in the definition of Crowd Control. However, for the purposes of this application, please enter any revenue from these ops*, in the "Mobile patrols/static guarding" rows above. <i>*Any work at penal facilities, airports and other public transport facilities (i.e. ferry terminals/train stations etc.) should be declared under Crowd Control.</i> (please complete Addendum 2 - Crowd Control Supplementary Questionnaire)		
Security trainers	Number of trainers	
Airport security (please attach details explaining work undertaken)		
Other (please describe below and attach details explaining work undertaken)		

Important Notice - please complete relevant Addendum(s) where required.

IMPORTANT NOTICE

Licensing	For insurance coverage to be valid, the Insured must fully comply with all relevant statutory licensing requirements applicable to activities performed
Weapons & protection equipment	For insurance coverage to be valid, the Insured must comply with all relevant statutory requirements applicable to the use, storage, and otherwise of all equipment used, which includes firearms, dogs, batons, etc.
Training	For insurance coverage to be valid, all personnel must have achieved all relevant statutory levels of training applicable to the activities performed.

GUARD DOGS

Do you use guard dogs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how many?	
Duties performed			

FIREARMS

Do you use firearms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how many firearms do you own?	
Duties performed			

WEAPONS AND PROTECTION EQUIPMENT

Will staff be required to wear any of the following whilst on duty?	Uniforms	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Weapons	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other protective equipment/weapons If Yes, provide details below	<input type="checkbox"/> Yes <input type="checkbox"/> No

CARE CUSTODY OR CONTROL (Property in your physical or legal control other than cash or keys) – Negligence cover only

Do you require cover for property of others in your care, custody or control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What limit of indemnity do you require?	\$
What is the total value of all property at such locations?	\$
What is the maximum value of any one item?	\$
Please provide a brief description of such property	

CONTRACTUAL LIABILITY

Do you assume liability under contract or hold others harmless (other than lease liability)? If yes, please provide full details and attach copies of all agreements (other than lease liability).	<input type="checkbox"/> Yes <input type="checkbox"/> No

CLAIMS AND/OR LOSS EXPERIENCE

Over the last five years, have you experienced any incidents or losses (including claims losses, uninsured losses, reported possible losses and any unreported incidents that could become a loss) that would have been covered under this proposed insurance? If yes, please attach the loss experience to this proposal form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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PREVIOUS INSURANCE HISTORY

Have you or any of your Directors, Partners, Employees or Sub Contractors ever been charged with a criminal offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever had any:	Insurance declined or cancelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Renewal refused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Special conditions imposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Increased excess imposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Claims denied for this class of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Been declared insolvent/bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to any of the above, please provide details

DECLARATION

I/We:	<p>Understand the terms, limitations and exclusions as described in this proposal.</p> <p>Have complied with the requirements of the Statutory Notice and the Important Notices shown on this Proposal. Declare that the information provided in the Proposal is true and correct.</p> <p>Acknowledge you reserve the right to decline any application.</p> <p>Acknowledge that I/We have carefully read and understand every part of this Proposal which was filled in by someone other than me/us. I/We further acknowledge that each such part is true and correct and is to be taken as having been filled out by me/us.</p>
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Proposer's signature		Dated

PRINT FORM**RESET FORM**

ADDENDUM 1

SECURITY SYSTEM SUPPLEMENTARY QUESTIONNAIRE

Where you install security systems, please complete the following:

Are components to the system manufactured or assembled by you? <i>If yes, where such Products are manufactured/assembled by you under licence, please provide copies of the Licence Agreements and specify the Products</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the components to the system manufactured by others? <i>Where such Products are manufactured/assembled by others under Licence from you, please provide copies of the Licence Agreements and specify the Products</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you design any of the systems, or components thereof?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you operate a Research and Development Department? <i>If yes, please provide relevant details and qualifications of all personnel</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

TABLE 1 - Please provide below details of all Products manufactures, assembled, sold, supplied, serviced, treated or altered by you, together with anticipated failure rate and estimated turnover for the forthcoming twelve months

Description of product	Anticipated failure rate	Estimated annual turnover
		\$
		\$

TABLE 2 – Products manufactured/assembled by you – no design

Description of product	Anticipated failure rate	Estimated annual turnover
		\$
		\$

TABLE 3 – Products sold, supplied or distributed by you – no design or manufacture/assembly

Description of product	Anticipated failure rate	Estimated annual turnover
		\$
		\$

TABLE 4 - If any new Products, not detailed above, are contemplated by you during the next twelve months, please provide details, and advise which category of Tables 1, 2 or 3 above applies

Description of product	Category	Estimated annual turnover
		\$
		\$

TABLE 5 - If you export any Products provide details below. "Representation" in the Country means Branch, Subsidiary Company, Agency etc

Description of product	Country of destination	Representation	Estimated annual turnover
			\$
			\$

TABLE 6

1. The fees earned where you provide only design or advice service ie. you do not undertake any installation	\$
2. The turnover where you install and the system design is not provided by others	\$
3. The turnover where you install and the system design is provided by others	\$

ADDENDUM 2

CROWD CONTROL SUPPLEMENTARY QUESTIONNAIRE

***IMPORTANT NOTICE See nightclub exclusion below**

Do you have strict and documented site operating procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are all of your relevant employees trained in relation to the site operating procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees re-trained every twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide % of crowd control onsite:

Licensed premises	Registered clubs	%
	Hotels (max 50 patrons)	%
	Hotels (each additional 100 patrons)	%
	Functions Centres, Wedding Venues	%
	Nightclubs/Discos (entrance)	%
	Nightclubs/Discos (per 50 patrons)	%
Special events	Charity	%
	University	%
	Festivals	%
	Concerts	%
	Other	%
Community Events	Art Galleries, Community/Town Centre, Church	%
Sports Events	Sports Stadiums, Racecourse, Racetracks	%

* NIGHTCLUB EXCLUSION

For the purposes of this insurance policy a nightclub is defined as a nightclub where:-

1) Where a premises is licensed as such

Or

2) The premises is not licensed as a nightclub but where dancing is regularly undertaken, and the venue is arranged

For the avoidance of doubt, in deciding whether any venue would be excluded under this policy, if the venue conducts three or more of the following activities it is excluded.

1. charges an entrance fee
2. employs bouncers or employs security personnel to manage the entrance to the dance premises
3. has special lighting
4. is marketed as a nightclub
5. has insufficient natural light to be able to walk around the premises freely and without difficulty
6. has a permanent sound system
7. has soundproofing

Regardless as to whether or not any venue operates under the licence of a hotel or motel or other licensed premises such operation is not covered under this policy.

ADDENDUM 2

CROWD CONTROL ACTIVITIES

Please list below all the venues related to crowd control activities undertaken:

Venue name					
Location					
Activities				Time start-finish	-
Number of guards		Frequency		Number of crowd	

Venue name					
Location					
Activities				Time start-finish	-
Number of guards		Frequency		Number of crowd	

Venue name					
Location					
Activities				Time start-finish	-
Number of guards		Frequency		Number of crowd	

Venue name					
Location					
Activities				Time start-finish	-
Number of guards		Frequency		Number of crowd	

Venue name					
Location					
Activities				Time start-finish	-
Number of guards		Frequency		Number of crowd	

Venue name					
Location					
Activities				Time start-finish	-
Number of guards		Frequency		Number of crowd	

Venue name					
Location					
Activities				Time start-finish	-
Number of guards		Frequency		Number of crowd	

Venue name					
Location					
Activities				Time start-finish	-
Number of guards		Frequency		Number of crowd	