

Security Guard Combined Business Pak

Please read this carefully before completing the Proposal.

About this notice This notice gives a précis summary of the important requirements, conditions and obligations which relate to the placement and operation of your insurance policy. Please read this notice carefully before completing your proposal.

Your Duty Of Disclosure Before you enter into a contract of general insurance with an insurer, you have a duty, under the Contracts Act, 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 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 matters:

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- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that your insurer knows or, in the ordinary course of business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-Disclosure. If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his 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.

Utmost Good Faith Every insurance contract is subject to the doctrine of utmost good faith which requires that the parties to the contract should act towards each other with the utmost good faith. Failure to do so on your part may prejudice any claim or the continuation of cover provided by your insurer(s).

Average (underinsurance) Provisions (Applicable to material damage insurances: commercial, business, marine hull, computer electronic, machinery breakdown, aviation & domestic home). These policies often contain an Average/Co-insurance clause which means that you must insure for the full value of the property Insured. If you underinsure, your claim will be reduced in proportion to the amount of the underinsurance, therefore make sure your sums insured are adequate.

Rights Of Subrogation You may prejudice your rights with regard to a claim if, without prior agreement from your insurers, you enter into an agreement with a third party that prevents the insurer from recovering the loss from that, or another party. Your policies contain provisions which allow the insurer to recover their liability from the responsible party. Any agreement you enter into that excludes or limits your rights to recover damages from another party in relation to any loss, damage or destruction contravenes these provisions. If you have any such agreements, we may be able to negotiate with your insurer to permit them and

therefore we request you to advise us of their existence. Examples of such agreements are the "hold harmless" clauses which are often found in lease agreements, maintenance and supply contracts pertaining to the installation and maintenance of fire protection systems and burglar alarms and in storage contracts.

Unnamed Parties Your policies may not provide insurance cover in respect of the interest of some other person or organisation who is not specifically named therein, irrespective of the sum(s) Insured. If you require the interest of a party other than the Named Insured to be insured, you must request this. Most policy conditions will exclude indemnity to other parties (e.g. mortgagees, lessors, principals, etc) unless their interest is properly noted on the policy.

Excess/Deductibles Excess or a Deductible is the first amount of each claim you are required to pay yourself, may not apply to each Part. Details of the Excess(es) applicable will be shown on the Schedule against the particular Section or Part.

Claims Please advise us of any event likely to give rise to a claim as soon as practicable & notify the Police immediately if required. Do not admit liability or make any offer of settlement. You must take all reasonable precautions for the safety of the property insured and to prevent further loss or damage.

Claims occurring prior to commencement. Your attention is drawn to the fact your Policy/ies may not provide indemnity in respect of events that occurred prior to the commencement of the contract.

Acceptance Of The Proposal The Insurance proposed on this Proposal will not be in force until the completed Proposal has been received and the risk accepted by the Insurer. The subscribing Underwriters reserve the right to decline any Proposal.

Cancellation By You Subject to any cancellation restriction, you may cancel your policy by providing your instructions in writing to your broker. In the event of cancellation of a policy before the expiry dated, some insurers make refunds of premium based on monthly or quarterly apportionments and therefore a minimum charge may apply.

Change of Risks or Circumstances It is vital that you should advise us of any departure from your "normal" form of business (i.e. that which has already been conveyed to your insurers). For example, acquisitions, changes in occupation or location, new products or new overseas activities. To ensure proper protection, please consult your broker if you are in any doubt as to whether your insurer should or should not be told of certain changes.

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Your Previous Insurance History. These questions apply to you either alone or jointly with any other party or, if you are a corporation, the corporation or any of its directors.

1. Has any insurer declined an application from You, or cancelled or refused to renew a policy of Yours, required special terms to insure You, or declined or refused a claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you sustained any loss or damage to property in the last 5 year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you had any claim made against you for property damage or personal injury in the last 5 Years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have You, or any person who will receive insurance protection under the proposed Policy, been charged with or convicted of, any criminal offences in the past 10 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. During the last two year have You or any other person to whom cover extends under this policy received any threats to life or property (private or business)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Are there any other relevant facts relating to the risk to be insured which You should disclose to Us, to enable a true assessment of Your insurance Application?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Is any portion of the property to be insured in a state of disrepair or poor condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered **Yes** to any of the above please give details.

Please attach full details on a separate sheet of paper if not sufficient space on this form:

Name of Insured		Policy Number	
Type of cover		Effective Date	

Full details to be listed below

NB: All claim occurrences of this 'Proposed Insured' during the last 5 years must be included with this proposal (inclusive of other Businesses)

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Proposed Insured

“You, your and yours” where used in this Proposal means the Proposed Insured and, If more than one, each of them

To be completed by you the ‘Proposed Insured’

Please print your answers

Period of Insurance from	Date	to	Date
<i>Insurance commences 4.00pm on</i>		<i>and ends 4.00pm on</i>	
The Insured (if you are not a company)			
The name of your company (including subsidiary companies)			
Trading Name			
Company ABN			
Address (postal)			
Number/Street			
Suburb		Post Code	
Address (business location)			
Number/Street			
Suburb		Post Code	
Contact numbers			
Telephone		Facsimile	
E-mail		Website Address	
Date Business Commenced	Day	Month	Year
Full Business Description			
Staff			
Number of Security Guards	Full time		
	Part time		
Turnover	\$		
Wages	\$		

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Subcontractors	
Are subcontractors used?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes what is their role?	
If Yes what is the 'cost' of your subcontractors	\$
If Yes do they have their own Liability Cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes what is their Limit of Cover	\$
If Yes name their Insurer	
What % of your Turnover is derived from the following?	
Design of security systems	%
Installation of security systems	%
Monitoring of alarms	%
Static guarding (shopping centre, business...)	%
Body guards	%
Self defense programs	%
Guard dog training	%
Fire arms training	%
Investigations/surveillance	%
Debt collections	%
Cash (Money Carriers)	%
Mobile patrols	%
Crowd control	%
Hotels	%
Disco/nightclubs	%
Sporting entertainment venues	%
Concerts	%
Other: please provide details	%
Are you a member of an industry Association?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Firearms	
Do you use firearms?	Yes <input type="checkbox"/> No <input type="checkbox"/>
List the number of guards licensed to use guns	
List the type of firearms used	
Are the guns serviced every year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all firearms licensed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all guns stored in accordance with legislation when not in use?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Guard Dogs

Do you provide guard dog security?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Total number of dogs used		
Are the dogs permanently under the control of the handler?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all dog professionally trained for guard duty?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What % of your Turnover relates to dog use?	%	

Section 1 Public/ Products Liability

Limit of Liability (any one occurrence and in the aggregate)	\$5m	\$10m	\$20m
Do you require Errors and Omissions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes limited to \$1m (any one occurrence and in the aggregate)			
Do you require Loss of Keys	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes limited to \$30,000 for loss of keys that are contractually under your care, custody and control			

Section 2 General Property

List a description of each item to be covered under this section	
	\$
	\$
	\$
	\$

Section 3 Money Carriers

Sum Insured required	\$
What is the maximum amount of money carried at any one time?	\$
What is the average amount of money carried?	\$
How many carries would you perform in an average week?	
What is your estimated Turnover from money carry?	
Is money accumulated	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently have Money Carriers cover?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 4 Employee Dishonesty

Limit of Indemnity	\$
Limited to \$50,000 per Employee and in the aggregate	

Section 5 Professional Indemnity

Do you require Professional Indemnity cover?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes \$1m Limit of Indemnity (any one claim and in the aggregate)		
Do you require Retroactive cover?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please provide Retroactive date		

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Declaration and Acknowledgments

I/We declare and acknowledge as follows:

1. I/We have not suppressed, misrepresented or misstated any material information within my/our knowledge likely to affect the decision of Insurers as to my/our eligibility for insurance, and the answers given in this Proposal are truthful and frank in every respect.
2. Insurance cover will only arise upon the Insurer's acceptance of this Proposal as notified by the issue of an appropriate Policy Schedule and/or Policy Document.
3. I/We acknowledge that we have read and understood the Important Notice to the Insured and acknowledge that the Insurance Contract will be effected with an Insurance company which is regarded as an Direct Offshore Foreign Insurer under the Insurance Act 1973.
4. Subject to the Insurance Contracts Act 1984, if this Proposal is accepted by the Insurer, the Proposal and the Policy Wording Documentation signed and issued by the Insurer shall constitute the entire agreement between the parties and shall supersede any prior representations or warranties.
5. The subscribing Underwriters will be relying on the information provided by me/us in the Proposal in deciding whether to provide cover, and if so, on what terms.
6. I/We have read and understood the notice concerning my/our duty of disclosure.
7. Where answers to questions contained on this Proposal are not in my handwriting they have been checked by me/us and I/we certify that they are in every respect, truthful and frank.
8. I/We will make the premises available for inspection by Dominion Underwriting Agents and/or their agent.

Signature: _____ Date: _____