

## Security Industry Proposal

### NAME INSURED DETAILS

1. Named Insured:

First Name:

Last Name:

Company Name:

ABN:

Current Insurer:

Period of Insurance: From 4.00pm on the \_\_\_\_\_ to 4.00pm on the \_\_\_\_\_

2. Situation Address:

Number, Street Address:

City / Suburb:

State:

Postcode:

### COMPANY INFORMATION

3. Full description of your operations and activities:

4. Years in operation

This business:

Any other business:

If a New Venture, what experience does the applicant have in this line of business:

5. Have you or any director/partner/manager of the business ever:

- |   |    |     |
|---|----|-----|
| a) had insurance declined or cancelled?                                   | No | Yes |
| b) had an insurer refuse or not invite renewal?                           | No | Yes |
| c) had any special conditions imposed on a policy of insurance?           | No | Yes |
| d) had a special excess imposed on a policy of insurance?                 | No | Yes |
| e) had a claim rejected under a policy of insurance?                      | No | Yes |
| f) been declared bankrupt or put into receivership or liquidation?        | No | Yes |
| g) been charged with or convicted of a criminal offence?                  | No | Yes |
| h) any other matters you should disclose? (see 'Your Duty of Disclosure') | No | Yes |

If you answered '**Yes**' to any of the above questions, please provide complete details:

6. In the last 5 years have you sustained loss or damage (insured or not) of a type against which insurance is now being sought, for all sections of the policy noted in this form? No  Yes

If 'Yes' please provide further details:

| Insurer | Date | Details | Amount |
|---------|------|---------|--------|
|---------|------|---------|--------|

(If insufficient space, please provide full details at the end of this document)

7. Annual turnover:

Actual Last 12 Months: \$

Estimate for 12 Months: \$

8. Number of employees:

Wages: \$

### ADDITIONAL INFORMATION

9. Are you a member of a trade or professional association? No  Yes

If 'Yes', please provide name:

10. Do you engage personnel from labour hire companies (other than contractors mentioned in question below)? No  Yes

| Payment to Labour Hire Companies or other parties: | Actual Last 12 Months | Estimate for 12 Months |
|--|-----------------------|------------------------|
|  | \$                    | \$                     |
|  | \$                    | \$                     |
|  | \$                    | \$                     |

(a) Number of Labour Hire people?

(b) Type of work undertaken?

11. Do you engage contractors or subcontractors? No  Yes

If 'Yes' please estimate annual contract value:

|                           | Actual Last 12 Months | Estimate for 12 Months |
|---------------------------|-----------------------|------------------------|
| (a) Labour only:          | \$                    | \$                     |
| (b) Labour and Services:  | \$                    | \$                     |
| (c) Labour and Materials: | \$                    | \$                     |

(d) Type of work undertaken:

#### 12. Static guarding & mobile patrol

(a) Please describe the type of premises are your providing Static Guarding & Mobile Patrol operation for? (Example – Office, Retail, Shopping Centres, Construction, Industrial Warehousing, Council)

(b) Do you provide Static Guarding to Shopping Centres? No  Yes

If 'yes', please provide the name/s of shopping centre/s and scope of work: (i.e patrolling inside, perimeter only, working boom gates)?

Name of Shopping Centre for Scope of Work:

Is the work conducted during both the day and night? No  Yes

(c) Are you responsible for any cleaning activities? No  Yes

Does the contract stipulate crowd control for the shopping centres as well as Static Guarding/ Mobile Patrols or only Static Guarding? No  Yes

(d) Do you have contracts in place? No  Yes

If 'Yes', is the contract reviewed by legal counsel to ensure you cannot be held liable for unrelated security claims from the shopping centre? No  Yes

13. **Business activity percentage** – must equal 100%

|   |             |
|---|-------------|
| Design &/or alteration of security & Fire Systems   | %           |
| Installation of Security & Fire systems   | %           |
| Security and Fire Systems Consultants   | %           |
| Maintenance of Security & Fire Systems  | %           |
| Manufacture of Security & Fire Systems  | %           |
| Monitoring of alarms  | %           |
| Responding to alarms  | %           |
| Investigation / Inquiry Agency  | %           |
| Money Carriers  | %           |
| Debt Collectors   | %           |
| Provisions of Security Guards / Personnel   | %           |
| Traffic Controller  | %           |
| Mobile Patrols  | %           |
| Static Guarding   | %           |
| Body Guarding   | %           |
| Security Consultant   | %           |
| Security Training Services  | %           |
| Use of Firearms   | %           |
| Firearm Training  | %           |
| Use of Dogs   | %           |
| Guard Dog Training and or breed and or sale of guard dogs                                 | %           |
| Hospitals   | %           |
| Crowd Control Non & Licensed Premises (please complete Q14 and Crowd Control Spreadsheet) | %           |
| Crowd Control With Nightclubs ( please complete Q14 and Crowd Control Spreadsheet):       | %           |
| Any Other, please confirm   | %           |
| <b>Total</b>  | <b>100%</b> |

If this is a renewal, are there any changes in your operation from last renewal? No      Yes

Comments and notes:

14. Crowd control percentage work split - must equal 100%

| Type of venue   | Type of activity  | % of crowd control turnover |
|---|---|-----------------------------|
| <b>Permanent Stadiums:</b><br>Sports Stadium, Racecourse, Aquatic Centres, Racetracks   | Sporting Events including AFL, NRL, Rugby Union, Netball, Soccer, Baseball, NFL, Tennis, Horse Racing, Swimming, Diving, Greyhound Racing, Harness Racing | %                           |
| <b>Temporary Stadiums:</b><br>F1 Racing Track, Rodeo Stands, Equestrian Park  | One-off Events including:<br>Sporting Events, Concerts.   | %                           |
| <b>Private Functions at Licensed Venues:</b><br>Function centres, Function Rooms / spaces in Hotels, Exhibition Centres, RSL Clubs, Bowling Clubs | Celebrations including:<br>Birthday, Engagement, Wedding, Graduation, Staff Functions, Anniversary, Christmas   | %                           |
| <b>Private Functions at Unlicensed Venues:</b><br>Community Centres, Town Centre, Parks, Streets, Commercial Premises, Private Homes, Churches.   | Celebrations including:<br>Birthday, Engagement, Wedding, Graduation, Staff Functions, Anniversary, Christmas   | %                           |
| <b>Community Events:</b><br>Art Galleries, Town Centres, Parks, Streets, Community Centres.   | Markets, Seasonal Festivals, Religious Celebrations, Street Parades   | %                           |
| Licensed Venues:  | Concert Venues, Theatre Restaurants, Function Centres, Community Clubs  | %                           |
| Licensed Venues:  | Hotels  | %                           |
| Licensed Venues:  | Strip Clubs   | %                           |
| Licensed Venues:  | Karaoke Bars  | %                           |
| Licensed Venues:  | Nightclubs  | %                           |
| Other:  | Hospitals   | %                           |
| <b>Total</b>  | <b>must equal 100%</b>  | <b>100%</b>                 |

If this is a renewal, are there any changes in your operation from last renewal?

No Yes

Comments and notes:

15. Indicate below if you provide products or services in connection with any of the following:

- |   |   |
|---|---|
| Airports  | Ships/Vessels                               |
| Port Authorities  | Concerts (confirm maximum daily attendance) |
| Special Events  | Licensed Premises                           |
| Labour Dispute or Strike  | Oil & Gas Industry                          |
| Detection of Drugs / Explosives   | Armed Employees                             |
| Consulting  | Crowd Control                               |
| State, Federal Government   | Prison or Detention Centres                 |
| Environmentally Sensitive Clients   | Hospitals                                   |
| Passenger Screening Body Searches and Purse/Bag checks                                |   |
| VIP Protection (ie., political figures, movie sets) or Bodyguard                      |   |
| Private Events (weddings, bucks/hens evenings, under 18 year old parties, or similar) |   |

Provide details of your products or services for EACH item you checked above:

**Use of Firearms**

Does the applicant work activities involve the use of firearms? No  Yes

If **yes**:

Percentage of work: \_\_\_\_\_ % Does the applicant require cover: No  Yes

Number of Guards licensed to carry and use Firearms: \_\_\_\_\_

Confirm the maintenance procedures for firearms annually: \_\_\_\_\_

Has the applicant or license holder been suspended from holding a Firearm License: No  Yes

**Use of Guard dogs**

Does the applicant work activities involve the use of Guard Dogs? No  Yes

If **yes**:

Percentage of work: \_\_\_\_\_ % Does the applicant require cover: No  Yes

Are all Guard Dogs professional Trained, prior to Guard Dogs Services: \_\_\_\_\_

Confirm the breed of Guard Dogs engaged: \_\_\_\_\_

Are all Guard Dogs kennelled when not being used: \_\_\_\_\_

Advise address where Guard Dogs are Kennelled: \_\_\_\_\_

16. Pre-employment screening procedures. Do you:

|   |                             |                              |                 |                             |                              |
|---|-----------------------------|------------------------------|-----------------|-----------------------------|------------------------------|
| Check for criminal records?               | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Fingerprint?    | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Check with previous employers?            | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Driving record? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Reading, writing, English fluency?        | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Drug Testing?   | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Describe your screening procedures: _____ |                             |                              |                 |                             |                              |

17. Describe your minimal educational, training and experience requirements for employees:

18. Do you have a training program in place for employees? No  Yes

If **Yes**, what does it entail?

Provide number of Supervisors: \_\_\_\_\_

Describe your supervisory procedures: \_\_\_\_\_

Describe your incident reporting procedures: \_\_\_\_\_

**LIABILITY**

19. **Contractual liability**

Coverage for liability assumed under agreement or contract will be limited to lease liability or liability assumed under a warranty of fitness or quality as regards your products, or specifically agreed contracts.

Do you accept liability or hold others harmless / give away your legal rights (other than lease liability)? No  Yes

If **'Yes'**, please provide details and attach copies of all agreements (other than lease liability).  
 Coverage will be provide only if specifically agreed by Timark.

20. **Public and products liability**

Limit of Indemnity required: Public Liability \$ \_\_\_\_\_ Products Liability \$ \_\_\_\_\_  
 (any one occurrence and in the aggregate per period of Insurance Products)

Deductible \$ \_\_\_\_\_ (each and every claim)

Property in your Care Custody and Control: \$ \_\_\_\_\_

Loss of Keys: \$ \_\_\_\_\_

Errors & Omissions: Confirm sublimit required \$

Please confirm the activities in relation to Errors & Omissions:

## OPTIONAL ENDORSEMENT EXTENTIONS

21. Please indicate optional endorsement extentions required: (Note, the following Endorsement Extension are not automatically covered)

### Cash in Transit – Endorsement Extension:

Is Cash in Transit Endorsement Extension required: No Yes

If **yes** please confirm below:

(a) Have you had a claim in the last 5 years: No Yes

If **yes** please advise:

(b) How many carries per week:

(c) What is the average any one carry: \$

(d) What is the maximum any one carry: \$

(e) How often will carry limit \$100,000:

Note: where Cash in Transit exceeds \$50,000 you must have two armed persons engaged

### Cash in Safe – Endorsement Extension:

Is Cash in Safe Endorsement Extension required: No Yes

If **yes**, please confirm below:

(a) Have you had a claim in the last 5 years:

If **yes** please advise:

(b) Address where the safe is located:

(c) Confirm the maximum amount to be insured at each locations:\$

(d) Where the safe is located, confirm construction:

i. Walls:

ii. Roof:

iii. Floor:

iv. Is safe on ground level or other level:

(e) Provide full safe specifications and manufactures cash rating for the safe being used (Thickness/drill resistant/fixed to the floor/heat resistance):

(f) Full details of the Security (perimeter fencing, external night lighting, barred windows, security doors) and Alarm systems at the safe location:

(g) Is the location installed with a Alarm a Back to Base:

(h) How many staff are entrusted with the safe combination and location alarm codes:

(i) Will the cash in safe exceed \$150,000, if so, confirm the period of time the amount will be held in the safe:

## DUTY OF DISCLOSURE

### What you must tell us

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

You have this duty until we agree to insure you. You do not have to tell us about any matter

- that diminishes the risk
- that is of common knowledge
- that we know or should know in the ordinary course of our business as an Insurer, or
- which we indicate we do not want to know.

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

## PRIVACY POLICY

### Your Privacy and The Law

Timark Casualty Solutions (Timark) is dedicated to upholding your privacy and protecting your personal information. We are bound in Australia by the Privacy Act 1988 (Cth) and its associated Australian Privacy Principles, along with any other applicable privacy laws and codes, when collecting, using, disclosing, holding, handling and transferring any personal information. Where practical and legally permissible to do so, you have the option of providing information to us and dealing with us anonymously or by using a pseudonym.

Timark has ongoing practices, procedures and systems in place to ensure that we manage personal information in an open and transparent way.

Further information about these practices, procedures and systems are contained in our Privacy Policy set out below.

We may update this Privacy Policy from time to time. Any updates can be accessed via our website or by contacting our office to request a hard copy be sent to you (which will be provided at no cost). We encourage you to periodically review this Privacy Policy so that you will be aware of our privacy practices.

This Privacy Policy was last updated on 27 July, 2019.

## DECLARATION

This declaration must be completed and signed by or on behalf of the party applying for insurance.

I/We

a) declare that:

- the answers and information given by me/us in this Application are true and correct in all respects;
- no information has been withheld that would affect Underwriters decision to accept this Application;
- where answers in this Application are not my/our own handwriting, they have been checked by me/us and I/we agree they are correct;
- I/we have read and understand the clauses detailed under the Important Notices section at the front of this Application;
- if there was insufficient space to fully answer any questions, I/we have attached

Proposers Signature:

Date:

Proposal's Title: