

**DMA INSURANCE BROKERS PTY LTD**

ABN 80 122 071 984

AFS Licence No. 246 745



INSURANCE BROKERS

Visit us on the web at [www.dmainure.com.au](http://www.dmainure.com.au)

Offices at:

**CENTRAL COAST**

**SYDNEY – NORWEST & HARRIS PARK**

**GOLD COAST**

23 Albion St Harris Park NSW 2150  
PO Box 9008 Harris Park NSW 2259  
Tel: **1300 830 833** Fax: **02 9687 3881**

**SECURITY INDUSTRY INSURANCE PROPOSAL**

Period of Insurance

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ at 4.00pm

Quote No.:

Cover Note No.:

Policy No.:

**Insured Name / ABN**

*(inc. all subsidiary companies)*

  

ABN:

Postal Address

Description of Business

Phone & Fax No.s

Private Ph:

Business Ph:

Fax:

Mobile:

Email Address:

Location of Premises

Situation 1  State  Postcode

Situation 2  State  Postcode

Other Parties to be noted on Schedule & their interest,

Party 1

Party 2

Name of Partners/Directors

Qualifications & Experience

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

No of Years Business has been Operating:

Number of Security Staff: Full-time: <input type="text"/>	Part-time: <input type="text"/>
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Actual Wages Last Year: \$

Actual Turnover Last Year: \$

Estimated Wages This Year: \$ <input type="text"/>	Estimated Turnover This Year: \$ <input type="text"/>
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Are you a member of a security association, if so please provide details:

<input type="text"/>
<input type="text"/>
<input type="text"/>

**SECTION 1 – Public & Products Liability**

**What percentage of turnover is derived from the following?**

	%		%
Design or alteration of security systems		Traffic Controllers	
Installation of security systems		Security Training	
Service & maintenance of security systems		Education programmes, i.e. self defence etc	
Security System Consultants		Use of Firearms	
Manufacture of security systems		Firearms Training	
Monitoring of Alarms		Use of Dogs	
Responding to Alarms		Guard Dog training and/or breeding and/or sale of dogs	
Investigation / Inquiry Agency		Crowd Control - Hotels	
Static guarding e.g. Business premises, shopping Centres, banks, gate-houses		Crowd Control - Concerts	
		Crowd Control - Discos	
Mobile patrols		Crowd Control – Entertainment Venues	
Body Guarding		Crowd Control - Other	
Debt Collecting		Other: (Please specify)	
Cash Carry			

**Insurance Cover (Please tick or complete)**

**Limit of Liability**     \$10M     \$20M    \_\_\_\_\_ \$ Other

**Third Party Goods in your Care Custody & Control** ( Automatic Cover \$50,000)    \_\_\_\_\_ \$ Other

*NB: Whereas Goods in Care, Custody and Control includes indemnity for lost client monies, you will only be indemnified for losses arising from your proven negligence. However there are situations, e.g. armed hold-up, where your client may hold you responsible for lost money although you have not been negligent. Therefore, we strongly advise that if as part of your business you carry monies for clients, you complete the below Cash in Transit section of this proposal which provides you indemnity even when not negligent.*

**Errors & Omissions**     \$Nil     \$1.0M    \_\_\_\_\_ \$ Other

For what activities do you require Errors & Omissions? \_\_\_\_\_

**Subcontractors**

Do you use sub-contractors? Yes / No

Do sub-contractors have their own insurance? Yes / No

If yes do you sight their policy? Yes / No

Actual Payments to subcontractors Last Year: \$ \_\_\_\_\_

Estimated Payments to subcontractors This Year: \$ \_\_\_\_\_

For what activities do you use Sub Contractors? \_\_\_\_\_

**Guard Dogs**

Do you require insurance cover for guard dog security? Yes / No

Are all dogs properly kennelled when not being used for guard duty? Yes / No

Are all dogs professionally trained prior to being used for guard duty? Yes / No

**Firearms**

Do you require insurance cover for use of firearms? Yes / No

Number of guards licensed to use guns? \_\_\_\_\_

Are firearms serviced each year Yes / No

**Other**

Do you provide any indemnities, hold harmless conditions to any customers, suppliers or other parties? (If Yes please supply copy of contract.) Yes / No

Do you contract to any State, Federal Authorities or Airports? (If yes, please provide full details below.) Yes / No

Details of Gov't or Airport contracts. \_\_\_\_\_

**SECTION 2 – Cash In Transit**

Do you require Cash In Transit insurance?  
On average how many carries per week?  
What will be the maximum carry”  
What is the average carry limit?  
What is your estimated total annual carry for the next twelve months?

Yes / No
\$
\$
\$

For what activities do you use Sub Contractors? \_\_\_\_\_

**INSURANCE HISTORY**

In respect of any of the risks against which you wish to insure, have you in the past 5 years, in this business or any previous business, either alone or in partnership or jointly with any party, or if a corporation any of its directors:

- Suffered any loss, destruction or damage?  Yes  No
- Had any Insurer decline any claims submitted?  Yes  No
- Had any Insurer decline any Proposals submitted?  Yes  No
- Had any Insurer cancel or refuse to renew a Policy?  Yes  No
- Had any Insurer require any increased premium or imposed special conditions?  Yes  No
- Ever been bankrupt?  Yes  No
- Been convicted of or charged with any civil or criminal offence?  Yes  No

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insured's previous insurer \_\_\_\_\_ Expiry Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**CLAIMS HISTORY**

Detail all insurance claims made in the last five years together with all other incidents notified, which may give rise to a claims, whether the subject of insurance or not. Please include dates and amounts. (If insufficient room continue on a separate sheet)  
It should be noted that all known or reported incidents are to be reported when completing this proposal, as failure to do so may prejudice this insurance policy

DATE OF INCIDENT	DESCRIPTION OF INCIDENT	AMOUNT	NAME OF INSURER

## CONDITIONS OF QUOTATION

### Any quotation provided by Insurers as a result of this proposal will be subject to:

- final acceptance by the Proposer(s) and then Insurers prior to the acceptance date shown in the quotation, after which the resulting insurance cannot be cancelled.
- the Proposer(s) undertaking to advise Insurers of any change in the information supplied occurring prior to the inception date of any insurance cannot be cancelled
- Insurers having no obligation to accept the risks if there has been any happening or circumstance, whether advised by the Proposer(s) or otherwise, arising prior to acceptance by Insurers which increases or could increase the possibility of a loss or in any way materially alters the risk as quoted. However, Insurers at their sole discretion may decide to provide an alternative quotation.
- The Proposer(s) having declared all material facts likely to influence a reasonable Insurer in determining:
  - whether or not to accept a risk
  - the premium
  - the terms, conditions, exclusions and limitations
- any Proposer(s), who acts on behalf of others being deemed to have obtained and declared all the information provided after making inquiry of each of them; this condition only applies to any intermediary
- the Proposer(s) accepting the quotation doing so on behalf of all others and accepting responsibility for payment of the premium
- the Proposer(s) undertaking that no other insurance has been purchased on this specific risk and none shall be without Insurers' prior written approval, in the event of such approval being given, the terms, conditions, exclusions, limitations and premium set out in any quotation may be amended by Insurers
- the Proposer(s) paying the premium with acceptance of the quotation, If Insurers do not accept the risk the premium will be returned.

### YOUR 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 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 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 his 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.

### PREVENTING OUR RIGHT OF RECOVERY

Where another person is liable to compensate you for any loss, damage or liability which is covered by this Policy but you have agreed not to seek recovery of any monies from that person, we will not cover you under this policy for that loss, damage or liability.

### PRIVACY

We are committed to protecting your privacy. We only use the personal information you give us to quote on and insure your risks. We only give personal information to:

- our underwriters (and their representatives);
- our reinsurers (and their representatives); and
- people we appoint to assist us with any claims under your policy.

We will not trade, sell or rent your information.

If you give us personal information about anyone else, we rely on you to notify them:

- that you will give your information to us;
- to whom we may give the information;
- the purposes for which we will use the information; and
- that they can access the information.

If the information you give us about someone else is sensitive, we rely on you to obtain their consent to disclosing it to us for the uses, and disclosure to the parties, we refer to in this statement.

For a full statement of our Privacy Policy, ask our office for a copy.

### INSURANCE DECLARATION

I acknowledge that:

- 1) I have read and understood the Important Information set out in the Proposal and I/We are authorised to make this proposal.
- 2) All information given on this Proposal and any attachment is true and correct
- 3) No insurance is in force until this Proposal has been accepted by the Insurer and the premium paid or unless an interim contract had been issued.
- 4) Up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform Altiora of any change in the particulars or statements contained in this proposal or in any attachments.
- 5) Although the signing of this proposal does not bind the applicants to effect insurance, the applicants acknowledge that the particulars and statements contained in this proposal and in the attachments shall be the basis of the contract should a policy be issued and the Applicants acknowledge that the Proposal and attachments will be incorporated in the Policy.

### SIGNATURE(S) OF INSURED(S)

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DATE

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DATE