

DMA Insurance Brokers Pty Ltd Public Liability Insurance Proposal



INSURANCE BROKERS

Period of Insurance

to at 4.00pm

Day Month Year Day Month Year

Name of Insured

(inc. all subsidiary companies)

Postal Address

State

P/Code

Description of Business

ABN

FACSIMILE

Insured Phone & Fax No.s

BUSINESS PH

EMAIL

MOBILE

Location of Premises

SITUATION 1
ADDRESS

STATE

POSTCODE

SITUATION 2
ADDRESS

STATE

POSTCODE

Name of Partners/Directors:

Background of Partners/Directors:

Are you a member of a security association, if so please provide details:

**** FIELDS MUST BE COMPLETED TO ENSURE PROMPT QUOTATION**

Date established:

****Number of security Staff: Full-time:**

**** Part-time:**

****Actual Turnover for last year: \$**

**** Estimated Turnover for this year: \$**

****Actual Wages for last year: \$**

**** Estimated Wages for this year: \$**

IF THIS SECTION IS NOT COMPLETED, CONSIDERATION WILL NOT BE GIVEN FOR DISCOUNT OF PREMIUM.

****PLEASE ATTACH EVIDENCE OF THIS****

****Do you use sub-contractors? Yes No**

****If Yes, Actual Payments to sub-contractors for last year: \$**

****Estimated payments to sub-contractors for this year: \$**

Do sub-contractors have their own insurance?

Yes No

If yes, note details of Certificate of Insurance

Name of Insurer:

Limit of Indemnity:

Policy No:

What percentage of turnover was / is derived from the following?

PERIOD OF INSURANCE	Last Year ____ / ____	This Year ____ / ____
• Design or alteration of security systems	_____ %	_____ %
• Installation of security systems	_____ %	_____ %
• Investigation	_____ %	_____ %
• Service & maintenance of security systems	_____ %	_____ %
• Static guarding eg. Business premises, shopping Centres, banks, gate-houses	_____ %	_____ %
• Mobile patrols	_____ %	_____ %
• Responding to alarms	_____ %	_____ %
• Cash carry	_____ %	_____ %
• Use of Firearms	_____ %	_____ %
• Use of Dogs	_____ %	_____ %
• Body guarding	_____ %	_____ %
• Debt collections	_____ %	_____ %
• Traffic control	_____ %	_____ %
• Education programmes, i.e. self defence etc	_____ %	_____ %
• Fire arms training	_____ %	_____ %
• Guard dog training and/or breeding and/or sale of dogs	_____ %	_____ %
• Monitoring of alarms	_____ %	_____ %
• Manufacture of security systems	_____ %	_____ %
• Crowd Control	_____ %	_____ %
Hotels	_____ %	_____ %
Concerts	_____ %	_____ %
Discos	_____ %	_____ %
Entertainment venues	_____ %	_____ %
Other	_____ %	_____ %

Please provide details below

Cover (Please tick or complete)

Limit of Liability \$

Extensions Tenants Liability Products Liability Property Owners Liability

Do You Require Errors & Omissions: NIL \$1 Million

If so, for what activities: _____

Do you provide guard dog security?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total number of dogs?
What percentage of your turnover is derived from dog use?	%		
Are dogs permanently under control of handler?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, please provide details:			
Are all dogs properly kennelled when not being used for guard duty?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are all dogs professionally trained prior to being used for guard duty?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Do you use firearms? If Yes, please answer the following	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What percentage of your turnover is derived from gun use?	%	
Number of guards licenced to use guns?		
Number and type of firearms used?		
Are firearms serviced each year	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How often is shooting practice undertaken each year and provide details		
Confirm all firearms are licenced and is copy of licence sighted?		
Confirm all guns are stored, when not in use, under government approved storage conditions.		

Do you use batons?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please state:
Number and type of batons used			
Please provide details of training undertaken			

Do you provide warning signs or notices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please complete following
a) Type of signs/notices			
b) Are signs well posted and open to full display?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c) Do you display signs at minimum distances?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Do you provide any indemnities, hold harmless conditions to any customers, suppliers or other parties?
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of the contract:

Do you contract to any State, Federal Authorities or Airports?
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of the contract:

YOUR PREVIOUS HISTORY

Have you in the past, either alone or in partnership or jointly with any party, or if a corporation any of its directors:

- Suffered any loss, destruction or damage for risks to be insured under the proposed policy? 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):

Insurance Declaration and Claims History

Insured's previous insurer

Expiry Date

 / /

Detail all insurance claims made in the last five years together with any uninsured losses. Please include dates and amounts. (If insufficient room continue on a separate sheet)

DATE OF LOSS	TYPE OF LOSS	AMOUNT	NAME OF INSURER



IMPORTANT NOTICES

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 don't give us complete information, we cannot properly quote for your insurance and we cannot insure you. You can check the personal information we hold about you at any time.

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 for a copy.

DECLARATION AND ACKNOWLEDGEMENT

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 Retail P/L 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)