

SECURITY INDUSTRY INSURANCE PROPOSAL - OPTIONAL CASH IN TRANSIT EXTENSION

IMPORTANT NOTICES

You must read the notices below. If you have any queries please contact your insurance broker.

Duty of Disclosure

This Policy is subject to the Insurance Contracts Act 1984. Under that Act you have a duty of disclosure.

Before you take out insurance with us, you have a duty to tell us of everything that you know, or could reasonably be expected to know, that is relevant to our decision to insure you and to the terms of that insurance. If you are not sure whether something is relevant you should inform us anyway.

You have the same duty to inform us of those matters before you renew, extend, vary, or reinstate your contract of insurance.

Your duty however does not require disclosure of matters that:

- Reduce the risk
- Are common knowledge
- We know or, in the ordinary course of our business, ought to know or
- We have indicated we do not want to know

If you do not comply with your duty of disclosure, we may be entitled to:

- Reduce our liability for any claim
- Cancel the contract
- Refuse to pay the claim
- Avoid the contract from its beginning, if your non-disclosure was fraudulent

Privacy Statement

The information collected on this proposal form will be used to assess your request for insurance and to provide other insurance services in accordance with our privacy policy. Calliden authorises Arena Underwriting Pty Ltd to collect this information on Calliden's behalf and to use it for Arena Underwriting Pty Ltd's purposes. In addition Calliden may share your information with other third parties, as defined in the privacy policy, in order to undertake insurance services. If you do not complete the proposal form in full, and in accordance with your duty of disclosure, Calliden may not be able to provide you with insurance or may impose additional conditions on any cover provided.

In accordance with Calliden's privacy policy you may obtain access at any time to information that Calliden or its service providers hold on you. If you would like to contact Calliden about privacy, or would like to obtain a copy of the privacy policy you may do so through one of the following means:

- obtain the privacy policy online at www.calliden.com.au
- by phone 02 9551 1111
- by email to privacy@calliden.com.au
- by letter to Privacy Officer, PO Box 348 Milsons Point NSW 1565.

Taxation Information

The amount of cover you choose excludes Goods and Services Tax (GST). If you are not registered for GST, in the event of a claim we will reimburse you the GST component in addition to the amount that we pay. The amount that we are liable to pay under this Policy will be reduced by the amount of any input tax credit that you are or may be entitled to claim for the supply of goods or services covered by that payment.

If you are entitled to an input tax credit for the Premium you have paid, you must inform us of the extent of that entitlement at or before the time you make a claim under this Policy. We will not indemnify you for any GST liability, fines or penalties that arise from or are attributable to your failure to notify us of your entitlement (or correct entitlement) to an input tax credit on the premium. If you are liable to pay an Excess under this Policy, the amount payable will be calculated after deduction of any input tax credit that you are or may be entitled to claim on payment of the Excess. If you are unsure about the taxation implications of this Policy, you should seek advice from your accountant or tax professional.

Don't Prevent Our Right of Recovery

The Liability policy contains a provision which states that if you surrender your right to seek recovery from another party for a loss covered by the policy, we have a right to reject any claim from you in relation to that loss.

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Your General History

1. Have you in the past, either alone or in partnership or jointly with any party, or if a corporation any of its directors:
- a) Suffered any loss, destruction or damage for risks to be insured under the proposed policy? Yes No
 - b) Had any Insurer decline any claims submitted? Yes No
 - c) Had any Insurer decline any Proposals submitted? Yes No
 - d) Had any Insurer cancel or refuse to renew a Policy? Yes No
 - e) Had any Insurer require any increased premium or imposed special conditions? Yes No
 - f) Ever been bankrupt? Yes No
 - g) Been convicted of, or charged with, any civil or criminal offence? Yes No

If 'Yes' to any of the above questions, please provide full details. For claims or uninsured losses, please detail the total cost of the claim, date of loss, how the loss occurred, the name of Insurer and the policy number (please attach additional pages if insufficient space):

2. Name of Your previous public/products liability insurer:

3. Expiry date of previous policy: _____ / _____ / _____

4. Do you currently hold Cash in Transit cover? Yes No

If yes, please provide the following information:

Current Insurance/Policy	Expiry Date	Sum Insured/ Limit of Indemnity	Last Year's Premium

Claims History

5. Have any claims been made against You in respect of Your legal liability for injury or damage in the past 5 years? Yes No

If yes, please provide the following details:

Insurer	Date of Incident	Nature of Injury/Damage	Amount of Claim \$

6. Are you aware of any circumstances which may give rise to a claim in the future? Yes No

If yes, please provide details.

Cash in Transit Details

7. Please provide the following information:

a) How many carries per week?	
b) What will be the maximum carry?	\$
c) What is the average carry limit?	\$
d) For what transit limit (any one vehicle carry) is cover required?	\$
e) What will be the maximum pavement limit for which cover is required?	\$
f) What are the total values exposed at your premises during Business Hours (Hold-up)?	\$
g) What was the annual aggregate carry for the past 12 months?	\$
h) What is the estimated annual aggregate carry for the next 12 months?	\$
i) What is your estimated annual revenue/income for the next 12 months?	\$

j) What is your actual annual revenue/income for the past 12 months?	\$
k) What are your estimated payments to sub-contractors?	\$
l) What are your actual payments to sub-contractors?	\$

Declaration

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

I/We declare that:

- (i) the answers and information given by me/us in this proposal are true and correct in all respects and that no information has been withheld which would affect Calliden's decision about accepting this insurance and
- (ii) where answers in this Proposal are not my/our own handwriting, they have been checked by me/us and I/we agree they are correct
- (iii) I/we have read and understood the clauses detailed under the Important Notices section at the front of this proposal
- (iv) if there was insufficient space to fully answer any questions, we have attached supplementary pages providing the additional information required
- (v) I/we authorise Calliden to give to, or obtain from other insurers or an insurance or credit reference bureau, any information relating to these insurance covers, and any other insurances held by me/us and claims under those insurances
- (vi) I/we understand that if this Proposal is accepted, my/our insurance cover will be subject to the terms and conditions set out in the Arena General Liability Security Industry Insurance Policy wording
- (vii) I/we further acknowledge that Calliden, their agents or employees reserve the right to decline this proposal.

Proposer's Signature: _____

Date: ____ / ____ / ____

Proposer's Name: _____

Proposer's Title: _____