

SECURITY INDUSTRY INSURANCE PROPOSAL

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.

PLEASE ANSWER QUESTIONS FULLY, USE BLOCK LETTERS AND TICK APPROPRIATE BOXES

Details of the Insured

Insured Name: <i>(incl. all subsidiary companies)</i>			
Tax Registered Business:	Yes <input type="checkbox"/> No <input type="checkbox"/>	ABN No:	
		Input Tax Credit:	%
Situation Address:			Postcode:
Postal Address:			Postcode:
Business Phone No.:		Fax No.:	
E-mail:			
Period of Insurance:	From: / / at 4 pm To: / / at 4 pm		

General Information

1. Please provide the following information:

Name of Partners/Directors	Years Experience as Directors

2. Are you a member of a security association? Yes No

If yes, please provide the following details:

- a. years business has been established _____
- b. number of security staff: Full time _____ Part-time _____
- c. actual turnover for last year: \$ _____
- d. estimated turnover for this year: \$ _____
- e. actual wages for last year: \$ _____
- f. estimated wages for this year: \$ _____

3. Are you and all persons employed or engaged by you or on your behalf licensed and trained in accordance with the relevant Authorities and Legislation governing the security industry in the State in which you operate your business? Yes No

(NOTE: It is a condition of this policy that you and anyone engaged or employed by you or on your behalf are licensed and trained as prescribed by the relevant Legislation and Authorities in the State in which you operate your business)

4. Do you use sub-contractors? Yes No

If yes, please provide the following information:

- a. actual payments to sub-contractors for last year: \$ _____
- b. estimated payments to sub-contractors for this year: \$ _____
- c. percentage of activity sub-contracted : _____ %

5. Do sub-contractors have their own insurance? Yes No

If yes, please provide the following details of their certificate of Insurance:

Name of insurer: _____

Policy no.: _____ Limit of Indemnity: _____

Insurance Cover

5. Limit of Liability: \$ _____

6. Do you require any of the following extensions:

Tenants Liability Products Liability Property Owners Liability

7. Do you require Errors & Omissions cover: NIL \$1,000,000

If so, for what activities: _____

Business Details

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

	Last Year	This Year
Period of Insurance (dates)	/ /	/ /
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 guard 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 at hotels (%)		
Crowd control at concerts (%)		
Crowd control at discos (%)		
Crowd control at entertainment venues (%)		
Other (%)		

Please provide details below

9. Do you provide guard dog security? Yes No

If yes, advise:

- a) total number of dogs _____
- b) what percentage of turnover is derived from dog use? _____%
- c) are all dogs properly kennelled when not being used for guard duty? Yes No
- d) are all dogs professionally trained prior to being used for guard duty? Yes No
- e) are dogs permanently under control of a handler? Yes No

If no, please provide details: _____

10. Do you use firearms? Yes No

If yes, advise:

- a) what percentage of your turnover is derived from gun use? _____%
- f) number of guards licenced to use guns? _____
- g) number and type of firearms used? _____
- h) are firearms serviced each year? Yes No
- i) confirm all firearms are licenced and a copy of licence sighted? _____
- j) confirm all guns are stored, when not in use, under government approved storage conditions _____
- k) how often is shooting practice undertaken each year? _____

Please provide details: _____

11. Do you use batons? Yes No

If yes, advise:

- a. number of batons used _____
- b. type of batons used _____
- c. details of training undertaken _____

12. Do you provide warning signs or notices? Yes No

If yes, advise:

- a. type of signs/notices _____
- b. are signs well posted and open to full display? Yes No
- c. do you display signs at minimum distances? Yes No

13. Do you contract to any State, Federal Authorities or Airports? Yes No

If yes, please provide details _____

14. Have you entered into any contract or agreement under which you provide any indemnities or hold harmless conditions to any customer, suppliers or other parties? Yes No

If yes, please provide or attach copies of the contract or agreement.

Your General History

15. 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):

16. Name of Your previous public/products liability insurer: _____

17. Expiry date of previous policy: ____/____/____

Claims History

18. 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 \$

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

If yes, please provide details.

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: _____