



ACTION INSURANCE BROKERS PTY LTD

ATF THE AIB TRUST

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Service – Solutions – Security



CASH IN TRANSIT CASH RETENTION

PROPOSAL FORM

The completion of this form is to enable Action Insurance Brokers to establish the nature of the proposers operations, the extent of cover required, the conditions that are in existence and the rules and the procedures which will apply during the currency of the proposed insurance.

The completion and/or signing of this form does not bind the proposer or the insurance company to the making of a contract of insurance. However, should such a contract be made then the information contained herein shall constitute a part of that contract. Alterations and/or variations of any of the answers given to any of the questions in this proposal form can only be made with the prior advice to, and the approval of Action Insurance Brokers.

SECTION A**GENERAL INFORMATION**

Full Name(s) to be Insured					
Company Name					
Tax Status	Registered Business	YES / NO (Please circle)	A.B.N.		
Contact Details	Name		Phone No.		
	Mobile No.		Fax No.		
	Email Address				
Postal Address				State	
				Postcode	
Period of Proposed Insurance	FROM	/ /	at 4pm Local Time	TO	/ / at 4pm Local Time

Current Insurer/Policy	Expiry Date	Sum Insured / Limit of Indemnity	Last Year's Premium
1.			
2.			

Address(es) of branch office/depots/operating bases (Attach details if more space is required)			
How many years of experience in the Security Industry?		When was this business established?	
What is the company's Master License Number			
Describe all security checks undertaken for all new staff (Attach details if more space is required)			

Percentage of turnover (company) per state			
NSW _____ %	ACT _____ %	SA _____ %	NT _____ %
TAS _____ %	QLD _____ %	VIC _____ %	WA _____ %
Number of Fulltime employees		Number of Principals	

Please provide details of the Professional Bodies, Industry Associations, etc. are you a member of?	
1.	
2.	

SECTION B**MONEY IN TRANSIT**

1. How many carries per week?		
2. What will be the maximum carry?	\$	
3. What is the average carry limit?	\$	
4. For what transit limit (any one vehicle carry) is cover required?	\$	
5. What will be the maximum pavement limit for which cover is required?	\$	
6. What are the total values exposed at your premises? a) During Business Hours (Hold-up): b) Outside Business Hours (In locked safe/vaults):	\$ \$ \$	
7. What was the annual aggregate carry for the past 12 months?	\$	
8. What is the estimated annual aggregate carry for the next 12 months?	\$	
9. Estimated annual revenue/income for the next 12 months?	\$	
10. Actual annual revenue/income for the past 12 months?	\$	
11. Estimated Payments to Sub-Contractors	\$	
12. Actual Payments to Sub-Contractors	\$	
13. How many Soft Skin vehicles are used?		
14. How many Armoured vehicles are used?		
Please provide details of vehicles:		
	Description (make, model)	Type of Security installed
1.		
2.		
3.		
4.		

SECTION C**SAFE/VAULTS/STRONGROOM**

B1	Maximum amounts to be insured at each location in: a) Vaults/Strongroom b) Safes	a) \$ _____ b) \$ _____
B2	Detail the construction of each vault/strongroom as follows: a) thickness of the walls, floor & ceiling b) is it free standing? c) is it attached to any other room, extension or internal wall	a) Walls _____ mm Floor _____ mm Ceiling _____ mm b) Yes <input type="checkbox"/> No <input type="checkbox"/> c) Yes <input type="checkbox"/> No <input type="checkbox"/>
B3	Make and model of vault/strongroom door	
B4	Are the safes/vault/strongroom doors fitted with time locks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B5	How many members of your staff have or are entrusted with keys and/or combination numbers to your vaults/strongrooms/safes?	

SECTION D**ALARM SYSTEMS**

C1	Supply details of the alarm systems(s) protecting safes/vaults/strongrooms at each location requiring insurance (use a separate sheet if necessary)	
C2	Is/are the alarm system(s) dependent on the public supply of electricity? If yes, what back up system is in place? Yes <input type="checkbox"/> No <input type="checkbox"/>	
C8	Is there a system laid down in writing instructing staff of their duties in the event of a duress attack?	Yes <input type="checkbox"/> No <input type="checkbox"/>

DECLARATION PAGE

1. Is there any other information which is or may be material to this proposed insurance which has not already been disclosed to Underwriters? Yes No

If yes, please give details

2. Have you, or any of your Directors, Partners, Employees, Sub-Contractors, Partnership or Company ever been charged with a criminal offence? Yes No

If yes, please provide details

3. Have you or with any other person, partnership or company ever had an insurance policy:

Cancelled Yes No

Proposal Declined Yes No

Renewal Refused Yes No

Declined a Claim Yes No

If yes to any of the above, please provide details

4. Have you ever sustained loss or damage or theft? If Yes, please provide details

I/we hereby declare that the foregoing statements, particulars and answers are true and that I/we have not suppressed or mis-stated any material facts. I/we agree that the statements, particulars & answers contained in this proposal form shall constitute part of the proposed contract and that any alterations or variations of protection and/or safeguards procedures and/or equipment to the detriment of Underwriters shall not be made without the knowledge of Underwriters.

It is further understood and agreed that the continued accuracy of the statements, particulars and answers shall be a condition precedent to Underwriters' liability under the proposed insurance.

.....
Signature

.....
Please print Full Name

.....
Status in Proposer's Organisation

.....
Date