



ACTION INSURANCE BROKERS PTY LTD

ATF THE AIB TRUST
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Service – Solutions – Security



SECURITY COMPANIES PROFESSIONAL OFFICE INSURANCE PACKAGE

Insured Name _____

Trading as _____

Situation of Risk _____ Postcode _____

Contact Name _____

Phone No _____ Fax No _____

Email Address _____

Occupation _____

How long in Business (years) _____ Due date of your current Business Insurance _____

Building – Construction

Walls _____

Roof _____

Floors _____

Age of Building _____

Fire Protection

Sprinklers Yes / No

Hose Reels Yes / No

Smoke Detectors Yes / No

Fire Extinguishers Yes / No

Burglary Protection

Deadlocks on External Doors Yes / No

Key locks on Windows Yes / No

Bars / Grills on Windows Yes / No

Monitored Alarm Yes / No

Local Alarm Yes / No

Claims History - Last 5 years (Circle the applicable section)

This Year Fire / Burglary / Glass / Other Value \$ _____

Last year Fire / Burglary / Glass / Other Value \$ _____

2 Years ago Fire / Burglary / Glass / Other Value \$ _____

3 years ago Fire / Burglary / Glass / Other Value \$ _____

4 years ago Fire / Burglary / Glass / Other Value \$ _____

Have you ever been declined insurance? Yes / No

Have you been convicted of a criminal offence? Yes / No

Have you been declared Bankrupt Yes / No

If Yes – Give details

Cover Required.

- **Fire Details - Burglary and Accidental Damage are covered 100% (or \$250,000, whichever the lesser) of the below values.** (Firearms are covered whilst kept in a locked safe)

Building \$ _____

Contents – Electronic Equipment \$ _____

All other Contents \$ _____

Firearms Number of Firearms _____

Maximum Value per item \$ _____

Ammunition \$ _____

Total Value \$ _____

- **Business Interruption**

Gross Profits \$ _____

Accounts Fees \$ _____

Indemnity Period (months) _____

- **Money (Cover for your money only)**

In Transit \$ _____

Premises Business Hours \$ _____

Premises Outside Business Hours \$ _____

In locked Safe \$ _____

In Personal Custody \$ _____

- **Glass Breakage**

Internal / External Yes / No

Fax this form back to

02 4587 8295

for your

obligation free quotation

along with you current

Insurance Schedule