

**Action Insurance Brokers Pty Ltd  
Public Liability Insurance Proposal**



**Period of Insurance**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	at 4.00pm	<input type="text"/>
<b>Day</b>	<b>Month</b>	<b>Year</b>			<b>Day</b>	<b>Month</b>	<b>Year</b>				

<b>Name of Insured</b> <i>(inc. all subsidiary companies)</i>	<input type="text"/>		
	<input type="text"/>		
<b>Postal Address</b>	<input type="text"/>		<input type="text"/>
			<b>P/Code</b>
<b>Description of Business</b>	<input type="text"/>	<input type="text"/>	
		<b>ABN</b>	
<b>Insured Phone &amp; Fax No.s</b>	<input type="text"/>	<input type="text"/>	
	<b>BUSINESS PH</b>	<b>FACSIMILE</b>	
	<input type="text"/>	<input type="text"/>	
	<b>EMAIL</b>	<b>MOBILE</b>	
<b>Location of Premises</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>SITUATION 1 ADDRESS</b>	<b>STATE</b>	<b>POSTCODE</b>
	<input type="text"/>		
	<b>SITUATION 2 ADDRESS</b>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<b>STATE</b>	<b>POSTCODE</b>

<b>Name of Partners/Directors:</b>	<b>Yrs Experienced in Industry</b>	<b>Yrs Experienced as Directors</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

<b>Years Business Established:</b>	<input type="text"/>
<b>**Number of security Staff: Full-time:</b>	<input type="text"/>
<b>** Part-time:</b>	<input type="text"/>
<b>**Actual Turnover for last year: \$</b>	<input type="text"/>
<b>** Estimated Turnover for this year: \$</b>	<input type="text"/>
<b>**Actual Wages for last year: \$</b>	<input type="text"/>
<b>** Estimated Wages for this year: \$</b>	<input type="text"/>

<b>IF THIS SECTION IS NOT COMPLETED, CONSIDERATION WILL NOT BE GIVEN FOR DISCOUNT OF PREMIUM. **PLEASE ATTACH EVIDENCE OF THIS**</b>	
<b>**Do you use sub-contractors? YES / NO</b>	<b>Percentage of Activity Subcontracted %</b>
<input type="text"/>	<input type="text"/>
<b>**If Yes, Actual Payments to sub-contractors for last year: \$</b>	<input type="text"/>
<b>**Estimated payments to Sub-contractors for this year \$</b>	<input type="text"/>
<b>Do sub-contractors have their own insurance?</b>	<b>Yes / No</b>
<input type="text"/>	<input type="text"/>
<b>If yes, note details of certificate of Insurance</b>	<b>Name of Insurer:</b>
<input type="text"/>	<input type="text"/>
<b>Limit of Indemnity:</b>	<b>Policy No:</b>
<input type="text"/>	<input type="text"/>

**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:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

<b>Do you use firearms?</b>	Yes / No	If yes, please state:
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 / No	
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.		

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

<b>Do you provide warning signs or notices?</b>	Yes / No	If yes, please state
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	

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

<b>Do you contract to any State, Federal Authorities or Airports?</b>
Yes/No If yes, please provide full details

**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.

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 Action Insurance Brokers 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)**