PROPOSAL FORM

Security Industry Liability

libertyinternational.com/au

Liberty®

one UNDERWRITING

Proposal form

Important Notice

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 (Cth), 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 the 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 its 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 their liability under the contract in respect of a claim or may cancel the contract. If your nondisclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Claims Made Cover

Certain covers, where effected, are provided on a 'Claims Made' basis. Such covers include Statutory Liability, Financial Loss and Professional Indemnity. This means that the insurance covers you for any claims made against you and notified to the insurer during the period of insurance. This does not provide cover in relation to:

- acts, errors or omissions that occurred prior to the retroactive date (if one is specified) in the policy;
- any claim made, threatened or intimated against you prior to the commencement of the period of insurance;
- any claim or fact that might give rise to a claim, reported or which can be reported to an insurer under any insurance policy entered into before the commencement of the period of insurance;
- any claim or fact that might give rise to a claim, noted in this proposal or any previous proposal;
- any claim arising out of any fact you are aware of before the commencement of the period of insurance;
- any claim made against you after the expiry of the period of insurance.

However, the effect of Section 40(3) of the Insurance Contracts Act 1984 (Cth) is that where you become aware, and notify us in writing as soon as is reasonably practicable after first becoming aware but within the period of insurance, of any facts which might give rise to a claim against you, any claim which does arise out of such facts shall be deemed to have been made during the period of insurance, notwithstanding that the claim was made against you after the expiry of the period of insurance.

Inadequate space to answer

If there is inadequate space to answer any of the questions or make any comment or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this questionnaire giving full details of additional information.

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Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (**Liberty**)

Proposal form

1. THE INSURED

Full name of proposed Insured including subsidiaries

Company name ABN

Contact name Contact number

Email

Business address including overseas locations. (If more than one, please attach schedule)

Asial Member? Yes ☐ No ☐ Pending ☐ If yes, member no

2. PERIOD OF INSURANCE

From at 4pm Local Standard Time To at 4pm Local Standard Time

3. AMOUNT OF INDEMNITY REQUIRED

$10 million ☐ $20 million ☐ $25 million ☐

Financial Loss Endorsement Automatic coverage up to $2,000,000 provided. Please indicate if higher limits are required.

$3 million ☐ $4 million ☐ $5 million ☐ $10 million ☐ $20 million ☐

Note: The Financial Loss Endorsement offered under this policy is restricted to advice, design or specification given free of charge to third parties in respect of products and services rendered. Where a fee is charged (please refer to question 11), there is no cover under this policy nor the Financial Loss Endorsement.

4. TURNOVER AND CONTRACTOR/SUBCONTRACTOR INFORMATION

Estimated turnover for the forthcoming period of insurance $

Actual turnover for the last period of insurance $

Estimated wages for the forthcoming period of insurance $

Estimated number of employees for the forthcoming period of insurance

Estimated annual payments to contractors and/or subcontractors other than labour hire workers/body hire workers $

Note: coverage under this proposed policy excludes injury to labour hire/body hire workers

Number of years of experience of the Insured

5. STAMP DUTY

For the purpose of Stamp Duty please provide a breakdown by State of the Turnover for the last financial year

ACT	NSW	VIC	QLD	TAS	SA	WA	NT	OS	Total
%	%	%	%	%	%	%	%	%	0 %

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6. RISK MANAGEMENT

Are you aware of all industry rules, regulations and standards applicable to your business activities? Yes ☐ No ☐

Are you aware of any non-compliance with any existing industry rules, regulations or standards applicable to your business activities in the last five (5) years? Yes ☐ No ☐

7. OPERATIONS

Please indicate % of turnover (must equal to 100%)		% of turnover
a.	Design, alteration or installation of electronic security systems	%
	Do you import or manufacture electronic security equipment? Yes ☐ No ☐	
	If yes, please obtain an importing questionnaire.	
b.	Monitoring of alarms	%
	Does this include medical monitoring? Including personal/duress alarms or emergency response monitoring Yes ☐ No ☐	
	If yes, please provide details:	
c.	Static guarding and mobile patrols	%
d.	Locksmiths	%
e.	Training	%
f.	Security consultant	%
g.	Traffic control	%
h.	ATM response	%
i.	Private investigator	%
j.	Access control	%
k.	Risk assessment	%
l.	Debt collection	%
m.	Crowd control (if any % please complete question 8)	%
n.	Cash in transit (If any %, please complete Section 9)	%
o.	Cash in safe (please complete Q10)	%
p.	Body guarding	%
q.	Other – please specify	%
	The total of the fields must equal 100% TOTAL	**0** %

Services

Do you provide any products or services related to aircraft or airport security? Yes ☐ No ☐

If yes, please provide details:

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8. CROWD CONTROL

Note: Coverage under this proposed policy excludes Crowd Control whereby the premises is open after 1am.

Please provide % crowd control for the various venue types.

a.	Disco/nightclub **Please Note:** Cover is not provided for Crowd Control conducted at Disco/Nightclubs under this policy	%
b.	RSL/services clubs	%
c.	Sporting venues	%
d.	Bowling/golf clubs	%
e.	Shopping centres	%
f.	Hotel/tavern	%
g.	Private homes	%
h.	Function venues	%
i.	Communityhalls	%
j.	Wineries	%
k.	Social events (ie rock concerts)	%
l.	Other – please specify	%
	The total of the fields must equal 100% **TOTAL**	**0** %

Please list below all venues related to crowd control activities (including after 1am)

Venue name	Venue address	Usual closing time	Average number of physical ejectments per week	Maximum number of guards	Average crowd size	Maximum crowd size

Are you required to record physical ejectments (physical removals)? Yes ☐ No ☐

From the physical ejectments recorded above, is the proposer aware of any circumstances during the last five (5) years which could give rise to a claim in respect to crowd control? Yes ☐ No ☐

If yes, please provide details:

9. CASH IN TRANSIT (COMPLETE IF APPLICABLE)

Note: Where cash in transit exceeds $50,000 two persons must be engaged. Where cash in transit exceeds $100,000 two armed persons must be engaged.

How many carries per week?

What will be the maximum carry?

Specify the transit limit per vehicle at which cover becomes required $100,000 ☐ $250,000 ☐

After investigation, is the proposer aware of any circumstances during the last 5 years which could give rise to a claim in respect to cash in transit? Yes ☐ No ☐

If yes, please provide details:

10. CASH IN SAFE (COMPLETE IF APPLICABLE)

Note: Cash in safe cover cannot be purchased without cash in transit cover. Must be monetary value.

What is the maximum dollar amount to be Insured at any one time? $

What is the cash rating of the safe?

11. PROFESSIONAL EXPOSURE

Note: Where a fee is charged there is no cover under the General and Products Liability, including the Errors and Omissions Endorsement. A separate Professional Indemnity Policy will be required.

Do you require Professional Indemnity cover? Yes ☐ No ☐

Amount of Indemnity Required $1 million ☐ $2 million ☐ $5 million ☐

Please describe details of your professional services and/or advice provided for a fee:

Do you charge a separate fee for this professional service and/or advice? Yes ☐ No ☐

If yes, what is your estimated annual fees in respect to professional services/advice provided? $

Please obtain separate questionnaire if you provide the below services for a fee, design of electronic security systems, training, security consultancy, private investigation, access control and/or risk assessment.

Do you currently have professional indemnity insurance in place? Yes ☐ No ☐

If yes, please provide:

Current insurer

Retro-active date

Please attach a copy of your current policy schedule.

After investigation, is the proposer aware of any circumstances during the last five (5) years which could give rise to a claim in respect to professional indemnity? Yes ☐ No ☐

If yes, please provide details:

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12. CLAIMS AND/OR LOSS EXPERIENCE

Have you had any insured and/or uninsured claims in the last five (5) years? Yes ☐ No ☐
If yes, please provide details below:

Dates	Claims reported	Amount paid and outstanding	Applicable deductible	Description of loss/claim	Insurer
From To					
From To					
From To					

After investigation, is the proposer aware of any circumstances which could give rise to a claim under the proposed policy? Yes ☐ No ☐

Has any insurer ever refused to provide terms or offer renewal terms to the proposer or has any insurance held by the proposer ever been voided or cancelled by an Insurer? Yes ☐ No ☐

Has the proposer ever had any entitlement to indemnity under any insurance policy declined or, otherwise affected due to non-disclosure, misrepresentation or breach of a policy provision? Yes ☐ No ☐

If yes, please provide details:

Please attach a copy of claims experience on previous insurer's letterhead.

13. STATUTORY LIABILITY COVER – OPTIONAL EXTENSION

Is a Statutory Liability quote required? Yes ☐ No ☐

Note: Provides cover against fines and penalties from an unintentional breach in legislation, such as occupational health and safety.

Have you had any fines or penalties in the last five (5) years? Yes ☐ No ☐

If yes, please provide details below:

Date of fine	Amount	Offence

Please indicate limit required $2 million ☐ $3 million ☐ $4 million ☐ $5 million ☐

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14. DECLARATION AND SIGNATURE

(To be signed by a partner or director.)
I, the undersigned, declare and acknowledge:

- that I am, after enquiry, authorised by all person(s) or entities seeking insurance, to make this proposal;
- that after enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and I have not withheld any material information from this proposal
- that this proposal and any accompanying documents shall form or partly form the basis of the contract proposed.
- that until a Contract of Insurance is entered into, I am obliged to inform Liberty of any changes to any information supplied or of any new information that is relevant;
- that I understand Liberty relies on the accuracy of the information and documentation supplied proposing for this insurance;
- that I have read and understood the Important Notices which form part of this proposal;
- that I understand that no insurance is in force until a Contract of Insurance is entered into, which is upon the Proposer's acceptance of an offer by Liberty, if any:
- **that the proposed insured is a small business with a turnover of less than AU$2 million in the last financial year. Note that if No is selected or this question is left blank, in accordance with Ch 8, Pt 5A of the Duties Act 1997 (NSW), from 1 January 2018 Liberty will charge stamp duty on risks that 1) occur within or partly within NSW or 2) cover NSW property.** Yes ☐ No ☐

Signature	Date
Name (please print)	Title

Enquiries should be directed to:

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Privacy Notice

Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (**Liberty**) is part of the Liberty Mutual Group headquartered in the United States.

We collect personal information to provide insurance products and services, manage claims and support related business operations. This may include information collected from insurance brokers, intermediaries, or directly from you. If you do not provide the personal information requested, we may be unable to offer the appropriate type or level of service.

If you provide Liberty with personal or sensitive information about other individual, you must ensure they are aware of this notice and have consented to the disclosure. If you have not done so, please inform Liberty before sharing their data.

Your personal information may be disclosed to Liberty's related entities, reinsurers, insurance intermediaries, loss adjusters, legal and professional advisors and other service providers. We may also store your information with third party cloud or electronic storage providers.

Some recipients may be located overseas in the United States, Canada, United Kingdom, European Union, India, China, Australia, Hong Kong, Singapore and Malaysia. Where reasonably necessary, your information may be transferred to countries without comparable data protection laws to deliver the services you request. By engaging with Liberty, you consent to these cross-border transfers unless you notify us otherwise in writing.

We are committed to protecting your privacy and ensuring transparency in how we use your personal information. As part of this commitment, we confirm Liberty does not currently use automated decision-making (**ADM**).

You may access or seek correction of your personal information, make a privacy complaint, or raise any queries by contacting Liberty's Privacy Officer: privacy.officer.ap@libertymutual.com.. If you require a physical mailing address, please contact the Privacy Officer via email.

For more information, and to view the relevant privacy policy for your jurisdiction, visit: Australia Privacy Policy.

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