PROPOSAL FORM
Broadform Liability
Security Liability

Please answer **ALL** questions completely.
Should any question or part thereof not be applicable, please state "N/A".
Should insufficient space be provided, please continue on your company letterhead.

It is a requirement of this insurance policy that the security company is registered in accordance with the Private Security Industry Regulations Act (PSIRA). Please attach a copy of your registration certificate which must reflect the name of the company for which this proposal is submitted.

1. Name of Insured _____
2. Physical address _____
   _____ Post code _____
3. VAT no. _____
4. Company Registration _____
5. Company website _____

6. Annual Turnover / Gross Revenue for the current and the past 3 financial years

Year 1	R	Year 2	R	Year 3	R
Estimated turnover for the forthcoming period		R		Date of financial year end	

7. Estimated annual turnover for various services for the next twelve months

Service contracts	**With firearms (R)**	**Without firearms (R)**
Warden services, access control & goods despatch		
Special event security		
Alarm monitoring and/or response		
Escort services – banking & payroll services		
Escort services – other goods		
Bodyguards		
Undercover agents		
Security consultancies		
Training centres		
Medical response/ambulance services		
Supply, installation & maintenance of detection, access control & alarm systems		
Other security services		
Total Estimated Annual Turnover		

iTOO Special Risks (Pty) Ltd
Villa Arcadia, 22 Oxford Road, Parktown, Gauteng, 2193 | PO Box 87419, Houghton, 2041 | Tel: 0861 004 866 | Email: info@itoo.co.za | **www.itoo.co.za**

CONTRACTS AND CUSTOMER INFORMATION

1. **Standard Terms of Business**
   Do you contract with your customers under a Standard Conditions of Contract or Standard Terms of Business? Yes ☐ No ☐
   If yes, please attach a copy.
   If no, please explain the basis of your customer contracts and attach relevant samples.

2. **Non-Standard Contracts**
   Do you have any contracts in place that are not governed by your standard terms? Yes ☐ No ☐
   If yes, please provide copies of all such contracts.

3. **Updates to Terms or Contracts**
   Do you undertake to notify the insurer of any changes to your Standard Terms of Business or individual customer contracts during the policy period? Yes ☐ No ☐

4. **Customer and Site Listing**
   Please attach a list of all customers for whom you currently provide security services, including the address(es) of each service site.
   Do you undertake to inform the insurer of any changes to this list during the policy period? Yes ☐ No ☐

5. **Do your contracts include limitations of liability?** Yes ☐ No ☐
   If yes, please provide details.

EMPLOYMENT PROCEDURES

1. Do you confirm your employee's registration with PSIRA and keep a copy of the registration certificate issued by PSIRA for employees? Yes ☐ No ☐
2. Do you investigate previous employment records of applicants for employment? Yes ☐ No ☐
   Please advise what investigations are undertaken:
3. Are all staff required to undergo regular refresher training and are records of training kept in their personnel files? Yes ☐ No ☐
4. Number of employees

Permanent		Contractors		Temporary	

5. Are staff trained at PSIRA accredited institutions? Yes ☐ No ☐
   Please list these institutions:

ALLOCATION OF SECURITY STAFF

Contract site	**%**
Jewellers, banks, mines, computers and other electronic goods manufacturers and suppliers	
Motor vehicle manufacturers and suppliers	
Shopping centres and office premises	
Warehousing and Storage Facilities	
Other	

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OTHER

1. Has the Proposer previously been insured? Yes ☐ No ☐
2. Has any previous Insurer required special restrictions or conditions? Yes ☐ No ☐
3. Have any Insurers declined to provide insurance? Yes ☐ No ☐
4. Has any previous Insurer cancelled or declined to renew any Insurance? Yes ☐ No ☐
5. Has any claim ever been made against the company and/or against any of its staff whether insured or not? Yes ☐ No ☐
   If Yes, please provide full details

   _____

   _____
6. Has the company ever received notification of any intention to lodge a claim against the company and/or against any of its staff members? Yes ☐ No ☐
   If Yes, please provide full details

   _____

   _____
7. Are you and your staff members, after diligent enquiry, aware of any incidents, circumstances or occurrences which could result in a claim against the company and/or any of its staff members? Yes ☐ No ☐
   If Yes, please provide full details

   _____

   _____

LIMIT OF INDEMNITY

	Option 1	Option 2	Option 3	Option 4
Quote				
Deductible				

PRIVACY CLAUSE

In order to provide you with insurance, we have to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

DECLARATION

I/We, the undersigned, declare that the statements set forth in this proposal form together with any other information supplied are true and correct and that I/we have not misstated or suppressed any material facts.

I/We agree that this proposal form together with any other information supplied by me/us shall form the basis upon which the contract of insurance is concluded and shall be incorporated therein.

I/We further undertake that in the event that the information provided changes between the date of this application and inception of cover, I/We will notify iTOO of such changes as soon as reasonably possible.

_____ _____

Name (duly authorised) Designation

Signature _____ Date _____

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