



In association with **Hollard.**

PROPOSAL FORM
Security
Liability

Hollard.

Underwritten by The Hollard Insurance Co. Ltd,
an authorised Financial Services Provider

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ITOO is an Authorised Financial Services Provider. FSP No. 47230



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 _____
3. VAT Number _____
4. Company Website _____

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

Year 1		Year 2		Year 3	
Current year		Date of financial year end			

6. 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		



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
2. Do you investigate previous employment records of applicants for employment
3. Are all staff required to undergo regular refresher training and are records of training kept in their personnel files
4. Are staff trained at PSIRA accredited institutions? Please list these institutions:

Yes		No	
Yes		No	
Yes		No	

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	
Other	

GENERAL

1. Has the Proposer previously been insured
2. Has any previous Insurer required special restrictions or conditions
3. Have any Insurers declined to provide insurance
4. Has any previous Insurer cancelled or declined to renew any Insurance
5. Has any claim ever been made against the company and/or against any of its staff whether insured or not

Yes		No	
Yes		No	
Yes		No	
Yes		No	

Yes		No	
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*If **YES**, please provide full details*

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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	
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*If **YES**, please provide full details*

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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	
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*If **YES**, please provide full details*

LIMIT OF INDEMNITY

	Option 1	Option 2	Option 3	Option 4
Quote				
Deductible				

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

D	D	M	M	Y	Y	Y	Y
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Date