

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

Year 1	Year 2	Year 3
Estimated turnover for the forthcoming period		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? Yes No
2. Do you investigate previous employment records of applicants for employment? Yes No
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: _____ Temporary: _____
5. Are staff trained at PSIRA accredited institutions? Please list these institutions: 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	

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 _____
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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
- 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
- If Yes, please provide full details _____
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Limit of Indemnity

	Option 1	Option 2	Option 3	Option 4
Quote				
Deductible				

Privacy

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

Y	Y	Y	Y	M	M	D	D
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