|  |
| --- |
| All questions are to be answered. If insufficient space, please attach additional information. |
| Intermediary Name:       | Contact:       |
| **THE APPLICANT(S)** |  |
| Name(s) of Insured(s) in full (show names of all owners, if a corporate owner, show names of all principals) |       |
|       |
|       |
| Please list any Subsidiaries  |       |
| Postal Address |       |
|       | State |       | Postcode |       |
| Contact Number(s) | Phone |       | Fax  |       |
| Email Address |       | Web |       |
| Tax Status | Registered Business Yes [ ]  No[ ]  | ABN |       | Taxable |      % |
| Period of Insurance | From |       | To |       | At 4pm |
| Other Interested Parties |       |
|  |  |
| **INDEMNITY LIMIT** |  |
| **PUBLIC & PRODUCTS LIABILITY** | [ ]  $5,000,000 | [ ]  $10,000,000 | [ ]  $20,000,000 | [ ]  Other $      |
| **ERRORS & OMMISSIONS**  | [ ]  $1,000,000 (Automatic) | [ ]  $2,000,000 | [ ]  $5,000,000 |  |
|  |
| **ESTIMATED TURNOVER, PAYROLL, SUBCONTRACTOR & LABOUR HIRE PAYMENTS** |
| 1a. Estimated Annual Turnover (forthcoming year)  | $      |
| 1b. Actual Annual Turnover (previous year) | $      |
| 1c. Please provide turnover percentage split by state ( must equal 100%) | NSW      % | VIC      % | ACT      % | QLD      % |
| TAS      % | SA      % | WA      % | NT      % |
| 2. Estimated Annual Payroll (including earnings of principals, directors, partners) | Total Payroll $      | No. of Staff       |
| 3. Do you employ contractors, subcontractors or labour hire? | Yes [ ]  No[ ]  if “yes”, please complete (a), (b), (c) , (d) and (e) below |
| (a) Estimated annual payments to contractors or subcontractor: | $      |
| (b) Estimated annual payment for Labour Hire | $      |
| (c) Nature of work usually carried out |                                                                    |
| (d) What precautions are taken to identify the adequacy of their liability, professional indemnity and workers compensation insurance arrangements? |                                                                                                                                                                                                        |
| (e) Do you insist on being named as principal on contractors’ and/or sub-contractors’ liability policies? | Yes [ ]  No[ ]  |
| Are there any operations outside of Australia? If Yes, please provide details | Yes [ ]  No [ ]  |
| Situation/Operating Address: |
| **OCCUPTATION** |
| 1a. Please provide the approximate percentage of your estimated annual turnover split between the following activities — **TOTAL 100%** |
| Static Guarding (eg. business premises, banks) |       | Use of Firearms |       |
| Mobile Patrols |       | Use of Dogs |       |
|  |       | Cash Carry |       |
| Investigations (Please provide further information) |       | Training (Please provide further information) |       |
| Security System Maintenance/Installations |       | Traffic Control |       |
| Monitoring and/or Responding to Alarms |       | Importing and/or Manufacturing of Security Products (Please provide further information) |       |
| Security System Design (Please provide further information |       | Security Consultant (Please provide further information) |       |
| Crowd Control – Hotels/Bars (Please complete additional info below) |       | Crowd Control – Concerts (Please complete additional info below) |       |
| Crowd Control – Unlicensed Venues (Please complete additional info below)  |       | Crowd Control- Sporting Events (Please complete additional info below)  |       |
| Crowd Control – Other **(Cover is excluded for Nightclubs/Discos & Hotels, Pubs, Clubs or drinking establishments that involve entertainment with a live band/DJ and/or a dance floor)** – please specify  |       | Other Activities- Please specify |       |
| **TOTAL** | **100%** |
| 1b. Do you perform any form of Airport Security?  | Yes [ ]  No[ ]  *If Yes, please provide details (Including Turnover)*                                                                                                                                   |
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| **CROWD CONTROL ADDITIONAL INFORMATION** |
| 1a. Please provide names and addresses of your 5 main venues in order of % of turnover derived from each venue: |
| Venue 1 | Venue Name |                           | Address |                           |
| Venue 2 | Venue Name |                           | Address |                           |
| Venue 3 | Venue Name |                           | Address |                           |
| Venue 4 | Venue Name |                           | Address |                           |
| Venue 5 | Venue Name |                           | Address |                           |
| 1b. Do you have documented operating procedures: | Yes [ ]  No[ ]  If yes please provide details:                                                                                                                                    |
| 1c. How often are employees trained and retrained: |            |
| 1d. Are your employees equipped with any personal protective clothing/equipment and/or any personal surveillance equipment? | Yes [ ]  No[ ]  If yes please provide details:                                                                                                                                                                                                    |
| **VENUE 1** |  |
| 1a. Licensed Operating Hours: | Start |       | Finish |       |
| 1b. Please list which days/nights worked: |       |
| 1c. Usual Start Time: |       |
| 1d. Usual Finish Time: |       |
| 1e. Number of Guards: |       |
| 1f. No. of Evictions per Week: |       |
| 1g. Do you record evictions: | Yes [ ]  No[ ]   |
| 1h. Do you have a signed contract: | Yes [ ]  No[ ]   |
| 1i. Please list all duties: i.e. ID checks, collecting glasses, door duties, cleaning, evictions etc: |                                                                                                                                                        |
| 1j. % of turnover derived from this venue: |       |
| **VENUE 2** |
| 1a. Licensed Operating Hours: | Start |       | Finish |       |
| 1b. Please list which days/nights worked: |       |
| 1c. Usual Start Time: |       |
| 1d. Usual Finish Time: |       |
| 1e. Number of Guards: |       |
| 1f. No. of Evictions per Week: |       |
| 1g. Do you record evictions: | Yes [ ]  No[ ]   |
| 1h. Do you have a signed contract: | Yes [ ]  No[ ]   |
| 1i. Please list all duties: i.e. ID checks, collecting glasses, door duties, cleaning, evictions etc: |                                                                                                                                                        |
| 1j. % of turnover derived from this venue: |       |
| **VENUE 3** |
| 1a. Licensed Operating Hours: | Start |       | Finish |       |
| 1b. Please list which days/nights worked: |       |
| 1c. Usual Start Time: |       |
| 1d. Usual Finish Time: |       |
| 1e. Number of Guards: |       |
| 1f. No. of Evictions per Week: |       |
| 1g. Do you record evictions: | Yes [ ]  No[ ]   |
| 1h. Do you have a signed contract: | Yes [ ]  No[ ]   |
| 1i. Please list all duties: i.e. ID checks, collecting glasses, door duties, cleaning, evictions etc: |                                                                                                                                    |
| 1j. % of turnover derived from this venue: |       |
| **VENUE 4** |
| 1a. Licensed Operating Hours: | Start |       | Finish |       |
| 1b. Please list which days/nights worked: |       |
| 1c. Usual Start Time: |       |
| 1d. Usual Finish Time: |       |
| 1e. Number of Guards: |       |
| 1f. No. of Evictions per Week: |       |
| 1g. Do you record evictions: | Yes [ ]  No[ ]   |
| 1h. Do you have a signed contract: | Yes [ ]  No[ ]   |
| 1i. Please list all duties: i.e. ID checks, collecting glasses, door duties, cleaning, evictions etc: |                                                                                                                                    |
| 1j. % of turnover derived from this venue: |       |
| **VENUE 5** |
| 1a. Licensed Operating Hours: | Start |       | Finish |       |
| 1b. Please list which days/nights worked: |       |
| 1c. Usual Start Time: |       |
| 1d. Usual Finish Time: |       |
| 1e. Number of Guards: |       |
| 1f. No. of Evictions per Week: |       |
| 1g. Do you record evictions: | Yes [ ]  No[ ]   |
| 1h. Do you have a signed contract: | Yes [ ]  No[ ]   |
| 1i. Please list all duties: i.e. ID checks, collecting glasses, door duties, cleaning, evictions etc: |                                                                                                                                    |
| 1j. % of turnover derived from this venue: |       |
| **WARNING** |
| Licensing | Cover is conditional upon full compliance with all relevant statutory licensing requirements applicable to activities performed. |
| Weapons & Protection Items | Cover is conditional upon compliance with all relevant statutory requirements applicable to use, storage, and otherwise Firearms, Dogs, Batons and like equipment used in the course of your business. |
| **T**raining | Cover is conditional upon all personnel having achieved relevant statutory levels of training applicable to activities to be performed. |
| **If you have selected in the occupation section unlicensed venues only for crowd control a total exclusion will apply for all licensed venues.****Please confirm you understand and accept this condition. Yes [ ]  No[ ]**  |
| Where cover for unlicensed venues only has been selected I acknowledge that I must refer any cover for licensed venues to the insurer and an additional premium may be charged to effect such cover. No cover will be in place for licensed venues until insurers have confirmed acceptance. |
| **EXCEPTIONAL CIRCUMSTANCES** |
| Is there any other information, which is special or individual to you that may be relevant to us deciding whether to insure you? | Yes [ ]  No[ ]  If “Yes”, please advise details                                                                                                                                                                                                     |
| **GENERAL INFORMATION** |
| 1. Have you, or any of your Directors, Partners, Employees, Sub-Contractors, Partnership or Company ever been charged with a criminal offence?: | Yes [ ]  No[ ]  If “Yes”, please advise details                                                                                                                                                                                                                                                                      |
| 2. Who was your previous insurer? |       |
| 3. Have you or with any other person, partnership or company ever had an Insurance policy  | Cancelled | Yes [ ]  No[ ]   |
| Renewal refused | Yes [ ]  No[ ]   |
| Proposal Declined | Yes [ ]  No[ ]   |
| If “Yes”, please advise details:                                                                                                                                    |
| 4. Do you enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements with any other party? If “Yes”, please advise details: | Yes [ ]  No[ ]  If “Yes”, please advise details                                                                                                                                                                                                                                                                      |
| 5. Have you, or any of your Directors, Partners, Employees, Sub-Contractors, Partnership or Company ever been declared bankrupt or was a Principal or Director of a business which became insolvent or subject to any form of insolvency administration ( eg liquidation, receivership, administration)? | Yes [ ]  No[ ]  If “Yes”, please advise details                                                                                                                                                                                                     |
| 6 Do you comply with all relevant statutory and recognised licencing and certification requirements applicable to activities performed?  | Yes [ ]  No[ ]  If “No”, please advise details                                                                                                                                                                                                                                                                      |
| **CLAIMS HISTORY** |
| 1. Have you, or any of your Directors, Partners, Employees, Sub-Contractors or any Partnership or Company you have been involved in ever had a claim made against you (whether you had insurance or not)? | Yes [ ]  No[ ]  If “Yes”, please advise details                                                                                                                                                                                                                                                                      |
| **PRIVACY** |
| Privacy legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information. Aster Underwriting have a privacy statement which explains what sort of personal information we can hold about you and what we do with it. You can obtain a copy of our Privacy Statement by contacting our office or at www.asteruw.com |
| **DUTY OF DISCLOSURE** |
| The law requires you to tell us everything you know (or could reasonably be expected to know in the circumstances) which is relevant to our decision to insure you and the terms on which we insure you. This duty applies before you enter into a contract with us, that is, before we accept your proposal and also each time before you alter or renew the Policy. Each person named as the Insured has the same duty |
| **PENALTY FOR NON-DISCLOSURE** |
| If you do not tell us everything necessary, we may: reduce or refuse to pay a claim; or cancel your Policy. If you act dishonestly, wemay invalidate the Policy from its beginning and not be bound by it. You don’t need to tell us anything which: reduces the risk; iscommon knowledge; we already know or ought to know in the ordinary course of our business; or we indicate we do not want to know. If you are not sure that something is relevant, it is best to disclose it anyway. |
| **INADEQUATE SPACE TO ANSWER** |
| If there is inadequate space to answer our General Information or other questions or you need to disclose something to us becauseof your Duty of Disclosure, please attach a separate piece of paper to this application giving full details of additional information. |
| **DECLARATION AND SIGNATURE** |
| 1. The Duty of Disclosure, Non-Disclosure and Inadequate Space to Answer notices set out above have been read by me/us.2. All answers and statements made in this application are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance.3. I acknowledge you reserve the right to decline any application. |
| Applicant’s Signature: |       | Date: |       |
| Applicant’s Title |       |