|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | |  | | | | | | | | | | | | | | | | | |
| **DETAILS OF THE BUSINESS** | | | |  | | | | | | | | | | | | | | | | | |
| 1. Address(es) of branch / office / depots / operating bases | | | | | | | | | | |  | | | | | | | | | | |
| 2. Number of years experience in this Industry? | | | | | | | | | | |  | | | | | | | | | | |
| 3. Date in which this business was established? | | | | | | | | | | |  | | | | | | | | | | |
| 4. Do you sight qualification/s and/or certification/s of all prospective employees and contractors prior to engagement? | | | | | | | | | | | Yes  No If “No”, please supply reason: | | | | | | | | | | |
| 5. Provide list of Directors/Officers and relevant security experience: | | | | | | | | | | |  | | | | | | | | | | |
| **SECTION 1 – MONEY IN TRANSIT (INCLUDING PAVEMENT RISK)** | | | | | | | | | | | | | | | | | | | | | |
| Limit of Indemnity (in the aggregate during any one period of insurance) | | | | | | | | | $ | | | | | | | | | | | | |
| Estimated % of total turnover from money carry activities | | | | | | | | | % | | | | | | | | | | | | |
| Estimated turnover from money carry activities | | | | | | | | | $ | | | | | | | | | | | | |
| Estimated amount of carries per week | | | | | | | | |  | | | | | | | | | | | | |
| What is the average amount of money carried at any one time | | | | | | | | | $ | | | | | | | | | | | | |
| What is the maximum amount of money carried at any one time | | | | | | | | | $ | | | | | | | | | | | | |
| Do your operations involve Pick up/Drop off money | | | | | | | | | Yes  No | | | | | | | | | | | | |
| Do your operations involve accumulating money | | | | | | | | | Yes  No | | | | | | | | | | | | |
| Describe screening checks conducted on employees (attach a separate page if necessary) | | | | | | | | |  | | | | | | | | | | | | |
| Do you employ contractors, subcontractors or labour hire for money carries? | | | | | | | | | Yes  No If “Yes, please complete (a) & (b) below | | | | | | | | | | | | |
| (a) Describe screening checks conducted on contractors, subcontractors or labour hire: | | | | | | | | |  | | | | | | | | | | | | |
| (b) Are all contractors, subcontractors or labour hire trained in company policies and procedures? | | | | | | | | | Yes  No | | | | | | | | | | | | |
| What precautions are taken to identify the adequacy of their insurance arrangements? | | | | | | | | |  | | | | | | | | | | | | |
| **Note: Money cover does not include fraudulent misappropriation or theft of money by employees. Please advise if you require a separate quote for this cover, known as Fidelity Guarantee/Crime.** | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 2 – MONEY IN SAFE** | | | | | | | | | | | | | | | | | | | | | |
| Limit of Indemnity (in the aggregate during any one period of insurance) | | | | | | | | | | $ | | | | | | | | | | | |
| Damage to Safe (in the aggregate during any one period of insurance) | | | | | | | | | | $ | | | | | | | | | | | |
| Safe Address including State & Postcode | | | | | | | | | |  | | | | | | | | | | | |
| Type of Building | | |  | | | | | | | | | | | | | | | | | | |
| Construction | | | Walls | |  | | | | | | | | | | | | | | | | |
|  | | | Floor | |  | | | | | | | | | | | | | | | | |
|  | | | Roof | |  | | | | | | | | | | | | | | | | |
| Please provide full security details of building and building perimeter | | | | | | | | | |  | | | | | | | | | | | |
| Please provide security details of Safe holding room | | | | | | | | | |  | | | | | | | | | | | |
| Year, Make & Model of Safe | | | | | | | | | |  | | | | | | | | | | | |
| Fire Rating | | | | | | | | | |  | | | | | | | | | | | |
| Height, Width, Depth & Weight of Safe | | | | | | | | | |  | | | | | | | | | | | |
| Locking Process | | | | | | | | | |  | | | | | | | | | | | |
| Number of Locking Points | | | | | | | | | |  | | | | | | | | | | | |
| Thickness of Door | | | | | | | | | |  | | | | | | | | | | | |
| Is the Safe fixed to the floor | | | | | | | | | |  | | | | | | | | | | | |
| Is the Safe torch or drill resistant | | | | | | | | | |  | | | | | | | | | | | |
| Who has access to the Safe | | | | | | | | | |  | | | | | | | | | | | |
| In the event the insurer wishes to carry out a survey please provide contact name & telephone number | | | | | | | | | |  | | | | | | | | | | | |
| **Note: Money cover does not include fraudulent misappropriation or theft of money by employees. Please advise if you require a separate quote for this cover, known as Fidelity Guarantee/Crime.** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 3 – GENERAL PROPERTY** | | | | | | | | | | | | | | | | | | | | | |
| **Unspecified Items – Excluding Firearms (in the aggregate during any one period of insurance) Cover is restricted to a maximum of $500 any one item** | | | | | | | | | | | | | | | | | | | | | |
| TOTAL SUM INSURED | | | | | | | | | | $ | | | | | | | | | | | |
| Specified Items – Items over $500 any one item excluding firearms | | | | | | | | | | | | | | | | | | | | | |
| Description | | | | | | | | | | Model/Serial Number | | | | | | | | Sum Insured | | | |
|  | | | | | | | | | |  | | | | | | | | $ | | | |
|  | | | | | | | | | |  | | | | | | | | $ | | | |
|  | | | | | | | | | |  | | | | | | | | $ | | | |
|  | | | | | | | | | |  | | | | | | | | $ | | | |
| TOTAL SUM INSURED | | | | | | | | | | | | | | | | | | **$** | | | |
|  | | | | | | | | | | | | | | | | | |  | | | |
| Firearms | | | | | | | | | | | | | | | | | | | | | |
| Make | | Model | | | | | Serial Number | | | | | | | Permit # | | | | Sum Insured | | | |
|  | |  | | | | |  | | | | | | |  | | | | $ | | | |
|  | |  | | | | |  | | | | | | |  | | | | $ | | | |
|  | |  | | | | |  | | | | | | |  | | | | $ | | | |
|  | |  | | | | |  | | | | | | |  | | | | $ | | | |
| TOTAL SUM INSURED | | | | | | | | | | | | | | | | | | **$** | | | |
| **Note: Cover for firearms is restricted to whilst being worn/carried or in an approved safe in the course of carrying on the business.** | | | | | | | | | | | | | | | | | | | | | |
| **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
| 1. Has the Applicant, including all directors, officers, employee, sub-contractors ever been charged with a criminal offence? | | | | | Yes  No | | | | | | | If “Yes”, please advise details | | | | | | | | | |
| 2. Does the Applicant presently carry, or has the Applicant ever carried Money or General Property Insurance? | | | | | Yes  No | | | | | | | If “Yes”, please supply details below: | | | | | | | | | |
| Type of Insurance | | | | | | |  | | | | | | | | | |
| Insurer | | | | | | |  | | | | | | | | | |
| Limit of Indemnity | | | | | | | $ | | | | | | | | | |
| Due Date | | | | | | |  | | | | | | | | | |
| 3. Has the Applicant had any insurance declined or cancelled, application rejected, renewal refused, claim rejected, special conditions or special excess imposed by an insurer? | | | | | Yes  No | | | | | | | If “Yes”, please advise details | | | | | | | | | |
| **CLAIMS HISTORY** | | | | | | | | | | | | | | | | | | | | | |
| As the Applicant have you ever had any claims made against you (whether insured or not)? If “Yes”, please supply details | | | | | Yes  No | | | | | | | If “Yes”, please advise details | | | | | | | | | |
| **EXCEPTIONAL CIRCUMSTANCES** | | | | | | | | | | | | | | | | | | | | | |
| Is there any other information, which is special or individual to you that may be relevant to us deciding on whether to insurer you? | | | | | 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, we may invalidate the Policy from its beginning and not be bound by it. You don’t need to tell us anything  which: reduces the risk; is common 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 because of 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 |  | | | | | | | | | | | | | | | | | | | | |