



sutton
specialist risks Ltd

SECURITY & FIRE PROTECTION COMPANIES

PROPOSAL FORM



UNDERWRITTEN BY



PROPOSAL FORM FOR THE SECURITY & FIRE PROTECTION INDUSTRY

DISCLOSURE: In completing this Proposal Form it is very important that you disclose fully & accurately all material facts, as failure to do so may result in this insurance being declared void. Material facts are those which may affect an Insurers assessment of the risk to be insured. If you have any doubt as to whether something is a material fact you should provide full details on this Proposal Form.

IMPORTANT: PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS IN FULL & WHERE APPLICABLE TICK THE APPROPRIATE BOX.

YOUR DETAILS

1. Full Name of Proposer (including any trading names)
 (where the company is not limited we must have names of all partners)

2. Address
 Postcode (must be provided)

3. Tel No:
 Fax No:
 email:
 Web: www.

4. Date company established:

5. If trading for less than 12 months please provide full details of relevant experience of the directors/principals, including the names of the previous companies worked for:

6. Are all relevant employees licensed by the Security Industry Authority? YES NO

7. Are you an SIA Approved Contractor? YES NO

8. Give details of any trade association or regulatory body you are a member of:

9. Business description (give fullest possible description of all activities and products):
 (NOTE: COVER WILL ONLY APPLY TO THE BUSINESS DEFINED ABOVE)

THE INSURANCE REQUIRED

	tick if required	Limit of indemnity
10. (Please indicate if you require quotes for more than one limit of indemnity)	YES <input style="width: 40px; height: 20px;" type="checkbox"/> NO <input style="width: 40px; height: 20px;" type="checkbox"/>	£1m <input style="width: 80px; height: 20px;" type="text"/>
a) Public/Products Liability automatically including:		£2m <input style="width: 80px; height: 20px;" type="text"/>
• Inefficacy		£5m <input style="width: 80px; height: 20px;" type="text"/>
• Wrongful advice		other <input style="width: 80px; height: 20px;" type="text"/> £
• Wrongful arrest		
• Deliberate acts		
• Automatic Professional Indemnity extension £100,000 limit (provided no more than 10% of turnover relates to the specified professional activities listed below, excluding testing, inspections and certifications only.)		

THE INSURANCE REQUIRED CONT.

	tick if required		Limit of Indemnity
	YES	NO	
10. b) Employers' liability	<input type="checkbox"/>	<input type="checkbox"/>	£10,000,000
c) Fidelity Bonding Extension (including Mis-Use of phones)	<input type="checkbox"/>	<input type="checkbox"/>	£
d) Loss of Keys Extension	<input type="checkbox"/>	<input type="checkbox"/>	£
e) Loss of Extinguishing Gas Extension	<input type="checkbox"/>	<input type="checkbox"/>	£10,000
f) Financial Loss (inc products) Extension	<input type="checkbox"/>	<input type="checkbox"/>	£250,000
g) Professional Indemnity (above automatic £100,000 limit) or where more than 10% of the turnover relates to the specified professional activities listed below, excluding testing, inspections & certificates. This requires a separate Professional Indemnity Proposal form (available on request)	<input type="checkbox"/>	<input type="checkbox"/>	£

Specified Professional Activities means the supply or performance by you as a professional of any; design, plan or specification, supervision of construction, feasibility study, technical information calculation, surveying, consultancy or testing, inspections and certifications only.

PROFESSIONAL INDEMNITY

11. Percentage of turnover relating to the specified professional activities listed above, excluding testing, inspections and certifications only.	<input type="text"/> %
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Please now complete one or more of the following sections as appropriate, then go to Q. 25 (total turnover):

- Section A Alarms and Associated Activities**
- Section B Fire Protection Systems and Products**
- Section C Security Guarding, Door Supervisors & Keyholding Services**

ie. If involved in intruder alarms and fire extinguishers complete Sections A and B.
If involved in CCTV and guarding complete Sections A and C. If only involved in guarding only complete Section C.

SECTION A - ALARMS AND ASSOCIATED ACTIVITIES

12.	Estimated Annual Turnover £
i) Intruder Alarms (including payments to Central Monitoring Stations)	<input type="text"/>
ii) Fire Alarms (including payments to Central Monitoring Stations)	<input type="text"/>
iii) CCTV & Access Control	<input type="text"/>
iv) Locks and Safes	<input type="text"/>
v) Grilles/Screens/Barriers/Security Fencing Manufacture	<input type="text"/>
vi) Grilles/Screens/Barriers/Security Fencing Installation	<input type="text"/>
vii) Central Station Monitoring (applicable only if you run your own station)	<input type="text"/>
viii) Temperature Alarms	<input type="text"/>
ix) Vehicle Alarms	<input type="text"/>
x) General Electrical Contracting (including emergency lighting)	<input type="text"/>
xi) Pure Retail/Wholesale (ie. no installation, etc)	<input type="text"/>
xii) Security Shredding	<input type="text"/>
xiii) Any other Turnover	<input type="text"/>

Please detail exactly what this is

SECTION A - ALARMS AND ASSOCIATED ACTIVITIES CONT.

13. Estimated manual wages (including payments to labour only sub-contractors) from:

i) Electrical contracting

ii) Grilles/Screens/Barriers/Security Fencing

iii) All other

14. Are all systems manufactured &/or installed to the appropriate British/European Standard?

YES

NO

If not, please provide full details

SECTION B - FIRE PROTECTION SYSTEMS AND PRODUCTS

15.

Estimated Annual Turnover €

i) Portable Fire Extinguishers

ii) Fixed Extinguishers (including Halon and other gas extinguishing systems)

iii) Fixed Extinguishers on Ships

iv) Fire and Smoke Alarms

v) Breathing Equipment

vi) Sprinklers and Wet Risers

vii) Dry Risers

viii) Safety Signs

ix) Pure Retail/Wholesale (ie no installation, etc)

x) Fire Extinguishing Training (please detail below)

xi) Intumescent/Passive Fire Protection Products including spraying

xii) Intumescent/Passive Fire Protection Products excluding spraying

xiii) Any other Turnover

Please detail exactly what this is

16. Estimated Manual Wages (from sprinklers)
(include payments to labour only subcontractors)

Estimated Manual Wages (from spraying)
(include payments to labour only subcontractors)

Estimated Manual Wages (all other)
(include payments to labour only subcontractors)

17. Are all fire protection systems manufactured/installed to the appropriate British/European Standard?

YES

NO

If not, please provide full details

SECTION C - SECURITY GUARDING, DOOR SUPERVISORS & KEYHOLDING SERVICES

18. Estimated annual turnover from: Security Guarding and Keyholding
 Door Supervision

Please state approximate split in % terms of guarding contracts between:-

- | | |
|--|--|
| i) Car Compounds <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> % | v) Store Detectives <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> % |
| ii) Building Sites <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> % | vi) Gate Control/Commissionaires <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> % |
| iii) Warehouses & Factories <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> % | vii) Mobile & Residential Patrols <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> % |
| iv) Offices <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> % | viii) Keyholding Services <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> % |
| | ix) Hospitals/Patient Restraint <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> % |

19. Estimated number of guards Estimated annual guards waggeroll

20. Are you involved in cash carrying? YES NO

If yes, please provide details of the following:

- a) Turnover and wages from this activity
- b) Procedures, Route, Distance & Time Variance
- c) Protective equipment being used (head gear, smoke & dye cases, handcuffs)
- d) The number of trips made
- e) The maximum amount carried each trip
- f) Total Annual Carryings

21. i) Do you provide guard dog security? YES NO If yes, state number of dogs
- ii) Do you comply with the Guard Dogs Act 1975 and any amending legislation? YES NO
22. Do you have a system in place for ensuring guards/door supervisors & stewards are on duty on site at the required time? YES NO
23. a) Do you provide any ancillary non-guarding activities such as industrial/commercial process monitoring? YES NO
- b) Are you involved in crowd control, protester sites, bodyguarding, special event work or similar activities? YES NO

If YES to 23 a) or b) please provide full details including turnover and wages for each activity:

VETTING

24. It is a requirement and policy condition that all employees be vetted in accordance with BS 7499 (Manned Security Services Part 1 code of practice for static guarding and mobile patrol services) &/or BS 7858 (code of practice for security screening of personnel employed in a security environment) or any amendment thereto, or BS 7960 for Door Supervisors.
For Door Supervisors in areas where SIA licensing does not apply, please supply a copy of your Code of Conduct and details of training in respect of confrontational situations.

Please confirm which standard you vet to: (including sub-contractors).
 BS 7499 BS 7858 BS 7960 Door Supervisors

TOTAL TURNOVER FROM SECTIONS A, B & C

25. TOTAL ESTIMATED TURNOVER
from sections A, B & C

€

TOTAL ESTIMATED MANUAL
WAGES from sections A, B & C

€

TOTAL ESTIMATED
CLERICAL WAGES

€

No. of EMPLOYEES

Manual

Clerical

**(Please ensure that your total turnover and wages provided
add up to the same as provided in Sections A, B & C)**

GENERAL QUESTIONS (to be completed by ALL proposers)

26. What equipment do you use or processes do you carry out away from your premises that involve the application of heat?

If none please state

27. Have you signed any contracts with central monitoring
stations where they restrict their liability?
If yes a copy of the contract conditions MUST be attached

YES

NO

28. Do your own contract conditions or your customers
contract conditions increase your normal legal liabilities?
If yes a copy of the contract conditions MUST be attached

YES

NO

29. Do you undertake work (or supply goods):

a) outside Great Britain?
(for North America a separate Questionnaire is required)

YES

NO

b) in Northern Ireland?

YES

NO

c) at a height in excess of 16 metres?

YES

NO

d) on board ships, on off-shore installations, at airports,
chemical or petrochemical works, nuclear installations, bulk oil
or gas storage facilities or within 5 Metres of railway tracks?
(for Airside and Offshore work a separate Questionnaire will be required)

YES

NO

e) mainframe computer suites?

YES

NO

if you have answered YES to any of these questions, please give full details indicating the proportion of your turnover and wages for this work:-

30. a) Do you engage subcontractors (other than labour only)?

YES

NO

b) If yes, do you check subcontractors hold public liability insurance
(including products liability and ineffacy if the whole of a service or
a complete installation is involved), and Professional Indemnity
Insurance (where this cover is required above the automatic £100,000
limit) with a limit of indemnity of not less than £1,000,000 covering
the work being subcontracted?

YES

NO

c) Please provide a percentage of turnover relating to work carried out
by Bona Fide Sub-Contractors

%

d) Please confirm what activities are carried out by Bona Fide
Sub-Contractors.

%

YOUR BUSINESS HISTORY & CLAIMS EXPERIENCE

31. Have you or any director or partner ever had any claim made against you in the last 5 years, (whether insured or not) in respect of the insurances for which you are now proposing?

YES NO

If **YES**, please provide the following details, including the present position on any claims outstanding against you :

YEARS	Brief details & type of claim	Amount Paid £	Amount Outstanding £
<input type="text" value="/"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="/"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="/"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="/"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="/"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

32. Has any insurer ever declined to insure you, cancelled or refused to renew your insurance?

YES NO

If **YES**, please provide full details

33. Have you or any director or partner ever:

YES NO

- a) been prosecuted under the Health & Safety at Work Act 1974, the Consumer Protection Act 1987 or any other legislation relating to the health & safety of your employees?
- b) been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence?
- c) been concerned with any business which has been wound up, liquidated, dissolved or ceased to trade?

If **YES** to any of the above please provide full details

34. Name of Last/Present Insurer:

THIS MUST BE PROVIDED

Policy Number(s)

THIS MUST BE PROVIDED

Expiry Date of current Policy

\ \

Expiring Premium

£

PLEASE SIGN DECLARATION OVERLEAF

IMPORTANT

It is understood and agreed that we may hold documents relating to this insurance and any claims under it in electronic form and may destroy the originals. An electronic copy of any such document will be admissible in evidence to the same extent as, and carry the same weight as, the original.

DISCLOSURE

Material facts must be disclosed. These are facts which an insurer would regard as likely to influence the acceptance and assessment of the proposal. If you are in any doubt about what you should disclose, do not hesitate to tell us or your insurance adviser. Making sure we are informed is for your own protection as failure to disclose all material facts may invalidate your cover or result in your policy not operating fully. Please keep copies of all communications in respect of information supplied for the purpose of entering into this contract. If requested a copy of the proposal form will be provided.

ANTI FRAUD WARNING

It is important that care is exercised in the completion of this form. Some or all of the information which you supply to Insurers in connection with this insurance will be held by the Company on computer and may be passed on to other parties for underwriting and claims handling purposes and to prevent fraudulent claims.

DECLARATION

I/We declare that to the best of my/our knowledge and belief this proposal form has been completed correctly and nothing material affecting any of the risks proposed has been concealed. I/We agree that this proposal shall form the basis of the contract with insurers. I/We agree to accept insurance subject to the terms and conditions of the Company's policy and that the insurance will not be in force until this proposal has been accepted by the Company. I/We further agree to provide such declarations of actual wages and turnover at the end of the period of insurance as may be required, and to pay any additional premium due.

NAME IN CAPITALS:

POSITION:

SIGNED:

This proposal must be signed by an authorised representative of the company such as a Partner, Director or Company Secretary.

DATE:

WOULD YOU LIKE TO RECEIVE YOUR NEW POLICY DOCUMENT AS AN ELECTRONIC PDF?

YES

NO

FOR OFFICE USE ONLY

CHECKED BY:

DATE:



QBE



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