

CLOSE PROTECTION

PROPOSAL FORM

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PLEASE ANSWER ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE AND AS FULLY AS POSSIBLE, USING ADDITIONAL SHEETS IF NECESSARY. COPIES OF RELEVANT DOCUMENTATION SHOULD BE ATTACHED.

1. THE INSURED

Policyholder Name: <i>(include all trading names, group companies and subsidiaries to be covered by the Policy)</i>	
Policyholder Address:	Post Code
Daytime Telephone Number:	
Email Address:	
Are You VAT Registered?	YES/NO

2. GENERAL DETAILS

Please list the names, dates of birth and background of all the Company Directors/Partners (including number of years' experience in the Security Industry).

NAME	DATE OF BIRTH	YEARS EXPERIENCE	DETAILS OF EXPERIENCE
Business Description <i>(please confirm full details of work undertaken)</i>			
Date Business Established			

If you require Employers' Liability cover, please supply your Employer PAYE Reference number along with the corresponding company/subsidiary name. This information is required for us to provide Employers' Liability cover.

(For further information visit www.ELTO.org.co.uk)

COMPANY/SUBSIDIARY NAME		PAYE Reference
Are you exempt from having a PAYE Reference?		YES/NO
If YES, please provide details:		
Are you a member of any Regulatory Body or Trade Association?		YES/NO
If YES, please provide details:		

3. EMPLOYERS' LIABILITY

a) Is cover required for Employers' Liability?	YES/NO	
b) If YES, please provide details below: <i>These figures should include all labour only sub-contractors. (Self employed individuals)</i>		
TYPE OF EMPLOYEE	NUMBER	ESTIMATED WAGES
Clerical/Managerial		£
Close Protection Officers		£
Other Employees: Type:		£
Type:		£
Type:		£
Type:		£
c) Are you and all your staff licensed by the SIA?	YES/NO	

d) Do you use Bona Fide Sub-Contractors?		YES/NO
If YES, please state the estimated annual payments to Bona Fide Sub-Contractors:	£	
Do you ensure that the Bona Fide Sub-Contractors maintain Employers' Liability and Public/Products/Products Efficacy Liability Insurances with Limits of Indemnity no less than the Limits proposed under this Insurance?		YES/NO
Please list the three main Bona Fide Sub-Contractors you use:		
i.		
ii.		
iii.		

4. PUBLIC LIABILITY				
a) Please state your Annual Estimated Turnover:				£
b) Public Liability Limit of Indemnity required:	£2m	YES/NO	£5m	YES/NO
c) Please provide the percentage split of work undertaken in:				
UK & Europe				%
South America				%
North America / Canada				%
Middle East				%
Africa (excluding South Africa)				%
Rest of World				%
d) Please provide a list of countries where contracts are/maybe undertaken:				
e) Do you, or are you likely to, undertake any Work:				
i. Airside (except work inside the terminal buildings)?				YES/NO
ii. Offshore?				YES/NO
If you answered YES to either i) or ii), please provide details below:				
f) Please confirm the type of individuals that you provide your services to:				

g) Is cover required for the use of firearms?	YES/NO
If YES, do you hold a licence for the use of firearms?	YES/NO
Please provide full details below:	

5. SCREENING PROCEDURES	
It is a requirement and condition of the insurance that screening of individuals employed in a security environment is in accordance with:	
a) British Standard BS7858 Code of Practice for Security Screening Personnel employed in a Security Environment and/or British Standard BS7499 Manned Security Services Part 1, Code of Practice for Static Guarding and Mobile Control Services or any amendment thereto in respect of employees engaged in guarding activities or the provision of keyholding services or security installation servicing or maintenance services or activities, or:	
b) British Standard BS7960 Code of Practice for Door Supervisors/Stewards or any amendment thereto in respect of employees engaged in door supervising activities or stewarding work.	
In addition, a written record of any verbal reference must be made at the time it is obtained, and the original copy of each written reference and the record of any verbal reference must be retained.	
Please confirm that your screening procedures comply with the above requirements:	YES/NO
If NO, please supply details below of your Systems for further consideration by Underwriter:	

6. PERSONAL ACCIDENT INSURANCE		
Do you require Personal Accident insurance for your Employees?	YES/NO	
If YES, please state:		
a) Number of persons to be insured:		
b) Brief description of the work undertaken by the persons to be insured:		
We offer capital benefits of either £10,000 or £20,000. Please state which of these limits you would like us to provide a quotation for:	£10,000	YES/NO
	£20,000	YES/NO

Are all persons to be insured physically fit and in a good state of health?	YES/NO
If NO, please give details:	

7. CLAIMS HISTORY

Have any claims been made upon you or notified (whether insured or not) in respect of any of the above mentioned risks during the past five years?	YES/NO		
If YES, please provide the following details:			
Date of Claim	Brief Details and Type of Claim	Amount Paid	Amount Outstanding

8. PRESENT / PREVIOUS INSURANCES

Name of Broker and/or Insurers:			
Renewal Date:			
Target Premium:	£		
Has an Insurer:			
a) Declined to accept any Insurance for which you are now proposing?			YES/NO
b) Cancelled or refused to renew a Policy?			YES/NO
c) Required an increased premium, special terms, or restrictions?			YES/NO
Have you (the Proposer) or any Partner or any Director, whether in the United Kingdom or elsewhere:			
a) Been the subject of any civil proceedings, arbitration or litigation, including proceedings that have led to, or may lead to, a County Court Judgement (CCJ) or other judgement debts?			YES/NO
b) Been the subject of any bankruptcy proceedings?			YES/NO
c) Entered into a deed of arrangement or an individual voluntary arrangement (or in Scotland a Trust Deed) or other agreement in favour of your creditors, or are you doing so?			YES/NO
d) Been involved with any company which went into receivership or administration?			YES/NO

e) Been refused, restricted In, or had suspended, the right to carry on any trade, business or profession for which specific licence, authorisation, registration, membership or other permission I required?	YES/NO
f) Been disqualified by a Court from acting as a Director of a Company or from acting in a management capacity or conducting the affairs of any company, partnership, or unincorporated association?	YES/NO
g) Ever been convicted of, or charged but not yet tried for, a criminal conviction?	YES/NO
If YES to any of the above please provide details below:	
To your knowledge have any employees ever been convicted of, or charged but not yet tried for, a criminal conviction, whether in the United Kingdom or elsewhere?	YES/NO
If YES please provide details below:	

NOTE: COPIES OF UP TO DATE CVs FROM KEY PERSONNEL WILL BE REQUIRED FOR A QUOTATION TO BE PROVIDED.

DECLARATION	
<p>Insurers share information with each other to prevent fraudulent claims and for underwriting purposes. The information you supply on this form, together with the information you have supplied on the Proposal Form and other information relating to the Claim, may be provided to other Insurers.</p> <p>The submission of a bogus or exaggerated claim, either in whole or in part, or of any false documentation or statement in support of a Claim, may invalidate the whole claim and lead to your Policy being declared void.</p> <p>I declare that the above statements are true and correct to the best of my knowledge and belief. I have not withheld any information within my knowledge connected with this Claim. I agree to provide the Insurer with any further information or documentation as may be reasonably required. I understand that the Insurer does not admit liability by the issue of this form.</p>	
NAME (PRINTED):	
POSITION:	
SIGNATURE:	
DATE:	

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