

PROPOSAL FORM

ALARM & FIRE PROTECTION INDUSTRY

If you do not understand any terms in this form please contact us for further information or visit www.camberfordlaw.com/glossary

1. PROPOSER DETAILS

Full name of Proposer including all trading names, group companies and subsidiaries that are to be covered by the policy

Address

Telephone Number and Person to Contact _____

Email Address _____

Date Established _____

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	No. Of Years Experience	Details of Experience

If you require Employers' Liability cover, please supply your Employer PAYE Reference(s).
(This information is mandatory. Employers' Liability cover cannot be provided without it. Where you have more than one PAYE Reference, please advise each one making it clear which company they apply to). Further information can be found at www.ELTO.org.uk

If you do not have a PAYE Reference, please confirm that you are exempt and give the reason

Are you a member of any Regulatory Body or Trade Association?

YES	NO
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If YES, please provide details

If not already a member have you applied or is it your intention to apply for membership of any Regulatory Body or Trade Association?

YES

NO

If YES, please give further details

Do you have a Risk Management policy in force that complies with The Control of Asbestos Regulations 2012?

YES

NO

Are you SIA Approved Contractors?

YES

NO

Full Business Description:

2. ESTIMATED ANNUAL TURNOVER

a)	Manufacture of Alarm System Components		
	(i)	Intruder	£
	(ii)	Fire	£
b)	Installation and Servicing of Alarm Systems		
	(i)	Intruder	£
	(ii)	Fire	£
c)	Central Station Monitoring Services		
	(i)	Fees collected to connect to monitoring station	£
	(ii)	Operation of own central station	£
d)	Keyholding		£
e)	Installation and Servicing of		
	(i)	CCTV	£
	(ii)	Door Entry Systems	£
f)	Sprinkler Systems & Wet Risers		£
g)	Dry Risers		
h)	Intumescent/passive fire products		
i)	Physical Security		£
j)	Supply, Maintenance, Installation of Fire Extinguishers		£
k)	Electrical Contracting		£
l)	Consultancy, Testing, Inspection & Certification: Professional Services for which a fee is charged		£
m)	Training		
n)	Other Work – Please Describe		
			£
			£
TOTAL TURNOVER			£

What products are supplied/installed?

Do you obtain a signed acceptance of your Conditions from all customers for whom work is undertaken?

YES	NO
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Do you undertake any installation involving computer suites or wire-free alarm systems?

YES	NO
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If YES, please give further details

3. DO YOU OR ARE YOU LIKELY TO UNDERTAKE ANY WORK

- a) Outside England, Scotland, Wales, the Channel Islands or the Isle of Man?
- b) Airside (except work inside the terminal buildings?)
- c) Offshore?
- d) Trackside?
- e) At height in excess of 15 metres?

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

If the answer to any of the above is YES, please provide details below:

4. INSURANCE SECTIONS REQUIRED

Section	Cover?		Limit Required
Employers' Liability	YES	NO	£10,000,000
Public/Products Liability	YES	NO	£
Efficacy/Contractual Liability	YES	NO	£
Fidelity Guarantee Insurance (NSI/SSAIB Approved Companies)	YES	NO	£
Professional Indemnity	YES	NO	£
(Provided the fees you charge for Professional Services such as Consultancy, Testing, Inspections & Certifications do not exceed 10% of your turnover, up to £50,000. If you exceed either, a separate policy and proposal form will be required. Certain trades will also require a separate policy)			
Directors' & Officers' Liability (Certain trades will require a separate policy)	YES	NO	£

5. WAGES

Please provide the annual wages and employee numbers in the following categories. These figures should include all labour only sub-contractors (self employed individuals).

Type of Staff	Number of Employees	Estimated Annual Wageroll
Clerical, Administrative and Non-manual staff		£
All Others (including Labour Only Sub-Contractors)		£

6. BONA FIDE SUB-CONTRACTORS (THIRD PARTY COMPANIES)

- a) Do you use Bona Fide Sub-Contractors?
- b) Estimated annual payments to Bona Fide Sub-Contractors?
- c) 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
£	
YES	NO

7. SCREENING PROCEDURES/TRAINING OF STAFF

- a) Please specify your procedures for obtaining references for
- (i) Engineers, Surveyors, Draftsmen etc

- (ii) All other Employees

- b) Are you are a member of NACOSS/BSIA/IPSA/ISI
If YES, please confirm that you comply with the appropriate requirements concerning screening of staff

YES	NO
YES	NO

- c) Are all your Surveyors and Engineers adequately experienced and trained?

YES	NO
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8. PERSONAL ACCIDENT INSURANCE

Do you require Personal Accident Insurance?

YES	NO
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If YES please state

- a) Number of persons to be insured:
- b) Brief description of the work undertaken by the persons to be insured

- c) We offer capital benefits of either £10,000 or £20,000.

Please state which of these limits you would like us to provide a quote for:

£10,000	£20,000
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d) Are all persons to be insured physically fit and in a good state of health?

YES	NO
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If NO please give details:

9. 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
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If YES, please provide the following details:

Date of Claim	Brief details and type of claim	Amount paid	Amount Outstanding

10. OFFICE CONTENTS COVER

Would you like a quotation for Office Contents?

YES	NO
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If you do require a quotation for the above, Underwriters will need additional information on a supplementary Proposal Form

11. PRESENT/PREVIOUS INSURANCES

a) Name of Broker and/or Insurers

b) Renewal Date _____

12. 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

13. 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?
- b) Been the subject of any bankruptcy proceedings?
- 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?
- d) Been involved with any company which went into receivership or administration?
- 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 is required?
- 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?
- g) Ever been convicted of, or charged but not yet tried for, a criminal conviction?

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

If the answer to any of the above is YES, please provide details below:

14. 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
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If the answer to the above is YES, please provide details below:

WARNING – Your Duty to Give Information

It is important that you understand your duty to provide all materially important information fully and accurately to us. This applies not only when you take out your insurance, but also throughout the life of your policy/policies and at the renewal. Where something changes during the life of your policy/policies you must tell us immediately.

Materially important information is any information that could influence an insurer's decision to accept your risk and if they do accept it the terms, conditions and cost which would apply to your insurance.

For example:

- Details of previous insurance claims that you have made, or reported.
- Personal information about the sole trader, partners or directors of the business, such as criminal convictions (you have a duty to give this information even when the insurance relates to a business and not you).
- General information about the risk, such as the construction of a building, (for example, concrete floor, timber frame with brick, stone, and a slate roof) or the activities/type of work carried out by the business.

If you are not sure how much information to provide or do not understand please ask.

The reason why this is vital and extremely important is that if you fail to tell us something, insurers may not pay any claims and may cancel your policy. You will have to disclose this fact when you reapply for insurance and this may make it difficult to obtain cover.

FAILURE TO DISCLOSE THESE FACTS MAY LEAVE YOU WITH NO COVER AND A CLAIM NOT PAID.

Declaration

I/We declare that there have been no incidents to my/our knowledge which have not, as yet, been advised to Underwriters but which may give rise to claims under the insurances.

I/We further agree to render at the end of each period of insurance a statement of all wages and/or salaries actually expended and/or turnover received and to pay any excess premium due.

I/We warrant that the above Statements and answers are true.

AGREE	DISAGREE
AGREE	DISAGREE
AGREE	DISAGREE

Signed

Position

Date

HEAD OFFICE:

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