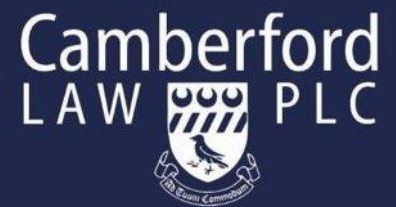


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INNOVATIVE INSURANCE

# PROPOSAL FORM

## Alarm Industry Insurance

Underwriting Agent . Lloyd's Broker

Registered Office: 50 Fenchurch Street, London. EC3M 3JY. Registered No. 608819 in England and Wales  
Authorised and Regulated by the Financial Conduct Authority : FRN 121476

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## 1. IMPORTANT INFORMATION

### 1.1 Important Information

Please answer all of our questions.

Completing this form does not oblige us to agree to provide insurance to you, nor you to accept any quotation(s) we offer.

Should we accept your proposal, our acceptance will be based on the information presented to us being a fair presentation of you, your property and your business.

It is important that you understand that Insurers may treat policies as if they had never existed and decline all claims if you provide false or misleading information, withhold important information or fail to advise of any change to the information you have provided.

Please note that 'You' or 'Your' in the context of these questions and this proposal means the person(s) named as Proposer and/or any other director or partner of the named Proposer.

Unless you advise us otherwise, policy documents will be issued by email.

### 1.2 Data Protection – How we will use your Data

#### The Basics:

Camberford Law plc, and the underwriters with whom we arrange insurance, collect and use relevant information about you to provide you with insurance cover and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide insurance cover and may prevent us from handling your claims.

Your information may be shared with, and used by, a number of third parties in the insurance sector for example insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

#### Other people's details you provide to us:

Where you provide us or your broker with details about other people, for example employees, you must provide this notice to them.

**Your rights:**

You have rights in relation to the information we hold about you, including the right to access your information held by us. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice, please use the contact details provided below or in our full privacy notice available at the website link below.

**Want more details?**

For more information about how we use your personal information and your rights please see our full privacy notice, which is available online at the following location:

[www.camberfordlaw.com/privacy](http://www.camberfordlaw.com/privacy)

**Contact Details**

Camberford Law plc  
Data Protection Officer  
50 Fenchurch Street  
London  
EC3M 3JY

## 2. CONTACT INFORMATION

2.1 Name of insurance broker (if any) making this declaration of facts:

2.2 Name of person providing information within this form:

2.3 Contact Email:

2.4 Contact Telephone Number:

### 3. PROPOSER DETAILS

**3.1 Proposer(s):**

Full name of Proposer including trading name. Also include any/all subsidiary companies to be insured.

--

**3.2 Individual Name(s):**

Please list the names and date of births of all Directors and/or Partners of the Proposer(s):

Name:	Date of Birth:

**3.3 Correspondence Address:**

Full postal (correspondence) address:

Post Code:
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**3.4 Years Established:**

Number of years the proposer has been established:

--

**3.5 Years Experience:**

Number of years experience of the proposer within your business activities:

--

**3.6 FCA Classification:**

Please complete the following information which we must have for regulatory classification.

Does the Proposer's annual turnover exceed EUR 2,000,000?	YES/NO
What is the total number of full time employees of the Proposer?	

## 4. BUSINESS ACTIVITIES

- 4.1 The business description for the proposed policy will be Alarm Installer plus any activity you state as part of the business within the Liability part of this form. If this is not sufficient to describe your business, please provide an explanation below:

### 4.2 Membership

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

BSIA	YES/NO
IPSA	YES/NO
NSI	YES/NO
SSAIB	YES/NO
ISO	YES/NO
ACS (Approved Contractor Scheme)	YES/NO
CHAS	YES/NO
NACOSS	YES/NO
FIA	YES/NO
OTHER	YES/NO

## 5. GENERAL QUESTIONS

5.1 **Current Insurance.** Please provide details of your current Insurer:

Name of present brokers and/or Insurers:

Please confirm the existing renewal date:

Target Premium:

5.2 **Domicile/Registered/Work**

Is the proposer domiciled and registered in and does the proposer only undertake work within the United Kingdom, the Isle of Man and the Channel Islands?

YES/NO

5.3 **Previous Insurance.** Has an Insurer:

Declined to accept any Insurance for which you are proposing?

YES/NO

Cancelled or refused to renew a Policy?

YES/NO

Required an increased premium, special terms or restrictions?

YES/NO

5.4 **General Disclosure.** Have you the Proposer or any Partner or any Director, whether in the United Kingdom or elsewhere ever:

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

Been the subject of any bankruptcy proceedings?

YES/NO

Entered into a deed or 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

Been involved with any company which went into receivership or administration?

YES/NO

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?

YES/NO

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



**5.5 Criminal Convictions.**

Have you the Proposer or any Partner or any Director, whether in the United Kingdom or elsewhere, ever been convicted of, or charged but not yet tried for, a criminal conviction?

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?

If YES to any of the above, please provide full details.

## 6. PREMISES

6.1 Please list the full address of any Premises to be insured:

(if property is not being insured, please still list the locations from which you trade)

Premises 1:

Post Code:

Premises 2:

Post Code:

Premises 3:

Post Code:

Premises 4:

Post Code:

**7. INSURANCE PRODUCTS**

**7.1 LEGAL LIABILITY**

**7.1.1 Turnover**

Please state estimated turnover for next 12 months:

1. Manufacture of Alarm System Components (excluding Assembly only)

a) Intruder	£
b) Fire	£

2. Assembly, Installation, Maintenance, Service and Repair of:

a) Intruder Alarms	£
b) Fire Alarms	£
c) CCTV	£
d) Door Entry Systems	£
e) Fire Extinguishers	£
f) Access Control Systems	£
g) Sprinkler Systems	£
h) Dry and Wet Risers	£
i) Intumescent/Passive Fire Products	£
j) Nurse Call Systems	£
k) Gates	£
l) Barriers	£

3. Keyholding

£
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4. Locksmiths

£
---

5. Central Station Monitoring Services

a) Fees collected	£
b) Operation of own central station	£

6. Emergency Lighting

£
---

7. Electrical Contracting

£
---

8. Training

£
---

9. Consultancy, Testing, Inspection and Certification: Professional Services for which a fee is charged

£
---

Other Work (please describe below):

£
---

**7.1.2 Wageroll and Employee Numbers**

Please provide the annual wages and employee numbers in the following categories. Please include all labour only Sub Contractors (self employed individuals).

Description	Number	Estimated Annual Wageroll
Clerical, Administrative and Non-Manual Staff		
Other - (including Labour Only Sub Contractors (Self Employed Individuals))		

**7.1.3 Bona Fide Sub Contractors**

Please answer the questions in relation to Bona Fide Sub Contractors:

Do you use Bona Fide Sub Contractors? (Third Party companies)

YES/NO

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

**7.1.4 References**

Please specify your procedures for obtaining references for:

a) Engineers, Surveyors, Draftsmen etc.	
b) All Other Employees	

**7.1.5 Risk Management**

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

YES/NO

**7.1.6 Signed Acceptance**

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

YES/NO

**7.1.7 Computer**

Do you or are you likely to undertake any installation involving computer suites or wire-free alarm systems?

YES/NO

**7.1.8 Hazardous Locations**

Do you undertake work in any of the following locations?

Airside	YES/NO
Offshore	YES/NO
Trackside	YES/NO
Power Stations	YES/NO
Oil Refineries	YES/NO
Chemical/Gas Works	YES/NO
Animal Laboratory Sites	YES/NO
Prisons	YES/NO
Detention Sites	YES/NO
Landfill Sites	YES/NO
Embassies	YES/NO
MOD Work	YES/NO

**7.1.9 Work at Height**

Do you, or are you likely to, undertake work at height in excess of 15 metres?

YES/NO
--------

**7.1.10 Insurance Coverage and Limits Required**

Please state the limits of indemnity that you require for the types of insurance stated.

Employers' Liability (minimum £10m)	£
Public/Products Liability	£
Efficacy/Contractual Liability	£
Fidelity Guarantee Insurance	£
Loss of Keys	£
Cash Carrying	£
Directors and Officers Liability	£
Professional Indemnity	£

**7.1.11 Professional Services**

Do the fees you charge for Professional Services such as Consultancy, Testing, Inspections and Certifications exceed 10% of your turnover subject to a maximum of £50,000 (whichever is the greater amount)?

YES/NO

**7.1.12 Surveyors and Engineers**

Are all of your Surveyors and Engineers adequately experienced and trained?

YES/NO

**7.1.13 HMRC Employers Reference Number**

Company	ERN Status	ERN Number

**If exempt, please explain below:**

**7.1.14 Directors and Officers Liability**

Please read the following statements and state YES if you can confirm that they are true. Your Company and its subsidiaries:

1. Is a UK registered private company, unlisted on any stock exchange with a) no assets or turnover in North America and has not recently disposed of any assets in North America and b) no subsidiary companies domiciled outside the UK.
2. Has no claims or circumstances which may give rise to a claim under this policy.
3. Main activities are security services as declared.
4. Is currently trading as a going concern and is not the subject of an administration order and a) that the latest audited Report and Accounts show a retained profit, positive net worth and do not have an audit qualification and b) has not missed any statutory deadline for filing accounts.
5. Is not the subject of any proposal relating to its acquisition by another company and have no plans to trade the company's shares.
6. Is not planning any closure of offices or redundancies of staff within the next 12 months.
7. Has not had an insurance company cancel or decline one of your policies, apply special terms when renewing your policy or refused to renew your policy.

Can you confirm that ALL of these statements are true?

YES/NO

**7.2 PROFESSIONAL INDEMNITY**

7.2.1 **Do you require Professional Indemnity Insurance?**

YES/NO

**General Questions** - Please answer the following questions in respect of this proposal:

Do all partners, principals, directors and consultants under a contract of service have at least 3 years' experience in providing the services detailed in the Business description You have advised us within this proposal?

YES/NO

Do you require cover for any associated entity?

YES/NO

Have you sustained a loss through the fraud or dishonesty of any person?

YES/NO

Are you aware of any circumstances that may lead to a claim being made against you in respect of Professional Indemnity Insurance?

YES/NO

Do you require cover for any activity now ceased which is different to those stated in this proposal?

YES/NO

Are you aware of any change in activity and/or structure that may occur in the next 12 months?

YES/NO

Are any material changes to the business expected during the period of insurance?

YES/NO

Do you have procedures in place, such as letters of engagement, to ensure that a client's requirements are clearly identified and can be met?

YES/NO

Do you have procedures in place for reviewing the work undertaken?

YES/NO

Do you always obtain satisfactory written references when engaging employees?

YES/NO

Do you require professional indemnity insurance for the work of any outside consultants?

YES/NO

7.2.2 **Mortgage/Loan Reports**

Have you, do you, or will you undertake reports relating to mortgages or any other loan or financial agreement?

YES/NO

**7.2.3 Fees/Turnover**

Please complete the table regarding your anticipated fees and/or turnover.

Please state the Fees you expect to receive for advice, design, and/or specification work during the forthcoming period of insurance (next 12 months)

Please state the turnover you expect to generate for all work in the forthcoming period of insurance (next 12 months).

**7.2.4 Professional Indemnity Limit**

Please state the Limit of Indemnity required for Professional Indemnity Insurance

**7.2.5 Basis of Limit**

Do you wish to have the Limit of Indemnity applying on an any one claim basis?

**7.2.6 Retroactive Date**

Please state the Retroactive Date or leave blank if the retroactive date is inception of this insurance.

Note: UK Professional Indemnity policies generally cover claims made within the period of insurance and insurers will not consider claims occurring prior to the retroactive date.



**7.3 LEGAL EXPENSES**

**Do you require Legal Expenses Insurance?**

YES/NO

If YES, please complete questions 7.3.1 to 7.3.5. If NO, please continue to question 8.

**7.3.1 Wageroll**

What is your estimated total Wageroll for the forthcoming period of insurance (next 12 months)

**7.3.2 Contract Disputes**

Do you require cover for contractual disputes?

YES/NO

**7.3.3 Disputes, Prosecution, Activities**

Have you, your business or employees been involved in any legal disputes, action or prosecution (excluding driving offences) during the last 5 years whether insured or not?

YES/NO

**7.3.4 Redundancies**

To the best of your knowledge and belief, are any redundancies envisaged in your business within the next 12 months?

YES/NO

**7.3.5 Mergers/Takeover**

In the last 3 years, have you been taken over, merged with or taken over any other company, or to the best of your knowledge and belief is it likely that your firm will take over another firm within the next 12 months?

YES/NO

## 8. CLAIMS HISTORY

### 8.1 Claims History

Have you or any of your Directors or Partners, or any company of which any of you have been a director, or any partnership of which any of you have been a partner, sustained any loss or damage or had a claim made against you during the last 5 years?

YES/NO
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IF YES please complete table below:

Date of Claim	Claim Type	Total Claim Amount	Status
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED

## 9. DECLARATION

### 9.1 Additional Information

In the box below, please state any additional information necessary to provide; insofar that it increases a risk or might otherwise be relied on by us to make a fair and reasonable assessment of your proposal.

### 9.2 Declaration

Do you confirm that the statements made and questions answered on behalf of the proposer are to the best of your knowledge and belief true and complete?

YES/NO

Signed:

Date: