



PROPOSAL FORM

DOOR SUPERVISORS and STEWARDS



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 so, please provide details

Is your company an SIA Approved Contractor?

YES

NO

Are you, and all your staff, licensed by the SIA?

YES

NO

2. Full Business Description:

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

- | | | |
|--|-----|----|
| a) Outside England, Scotland, Wales, the Channel Islands or the Isle of Man? | YES | NO |
| b) Airside (except work inside the terminal buildings?) | YES | NO |
| c) Offshore? | YES | NO |
| d) Trackside? | YES | NO |

If you answered any of the above as 'YES', please provide details below

4. INSURANCE SECTIONS REQUIRED

Sections	Cover?		Limit Required
	YES	NO	
Employers' Liability	YES	NO	£10,000,000
Public/Products Liability	YES	NO	£
Directors' & Officers' Liability	YES	NO	£
Legal Expenses	YES	NO	£

5. WAGES AND TURNOVER

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		£
Door Supervisor/Security Staff		£

Please state Annual Estimated Turnover:

£

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

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 key holding 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
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If your procedures are not in accordance with the above, please give details below of your systems and the matter will be considered further by the Underwriters:

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. PRESENT/PREVIOUS INSURANCES

a) Name of Broker and/or Insurers

b) Renewal Date

11. Has an Insurer:

- a) Declined to accept any Insurance for which you are now proposing?
- b) Cancelled or refused to renew a Policy?
- c) Required an increased premium, special terms or restrictions?

YES	NO
YES	NO
YES	NO

12. 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

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

13. 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

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