

# SECURITY CONTRACTORS APPLICATION FORM



EPSILON UNDERWRITING AGENCIES PTY LIMITED

Epsilon Insurance Broking Services Pty Limited T/as Epsilon Underwriting Agencies ("Epsilon") is effecting this cover as Agent for the insurer, being certain Underwriters at Lloyd's ("Lloyds") and Berkley Insurance Company and not for or on behalf of the insured.

Full Name of Insured:

Address:

Please supply a full description of all work performed for which cover is required under this insurance policy.

Period of Insurance:

From:  To:  at 4pm LST

Limit of Indemnity Public and Products: \$

Limit of Indemnity Professional Indemnity \$

**Expiring Deductible**

Public and Products Liability \$

Professional Indemnity \$

ANNUAL TURNOVER (OR SINGLE CONTRACT VALUE).	PLEASE ADVISE THE RELEVANT TURNOVER SPLIT BETWEEN THE FOLLOWING ACTIVITIES (IF APPLICABLE):
Static Guard	\$ <input type="text"/>
Crowd Control	\$ <input type="text"/>
Armed Guard work	\$ <input type="text"/>
Dog Patrol	\$ <input type="text"/>
Monitoring	\$ <input type="text"/>
Design & Installation of Electrical Alarms	\$ <input type="text"/>
Does the Insured perform any Airport work? If so please provide a detailed description along with turnover.	\$ <input type="text"/>
<input type="text"/>	
Other (if any please describe)	
<input type="text"/>	\$ <input type="text"/>
Total:	\$ <input type="text"/>

If guns are used, how are the guns and ammunition stored when not in use? What procedures are in place?

#### DETAILS OF SUB-CONTRACTORS AND/OR LABOUR HIRE PERSONNEL:

Does the Insured engage sub-contractors and/or labour hire personnel?

 Yes  No

If yes, what work do they perform?

Annual estimated payments:

- Subcontractors:

- Labour Hire:

What minimum limits of public liability insurance are they required to carry?

What minimum limits of Professional Indemnity are they required to carry?

Do you engage sub-contractors to perform design work or other professional services on your behalf? If yes please advise turnover in respect to such work?

Details of any professional services and/or advice provided?

What year was the company established

Estimated annual fees in respect to professional services/advice provide?

Have you previously purchased professional indemnity insurance? If so what was the inception date of the original policy and what is the current limit of Indemnity?

Do you wish to purchase a reinstatement of the section 2 policy limit?

#### STAFF DETAILS

Number of Directors/Principals

Number of professionally qualified staff?

Total Staff

**CLAIMS AND/OR LOSS EXPERIENCE (LAST 5 YEARS)**

Dates		# Claim Reported	Amount paid & outstanding	Applicable Excess						
From	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>
Description of Claim		<input type="text"/>								
From	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>
Description of Claim		<input type="text"/>								
From	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>
Description of Claim		<input type="text"/>								
From	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>
Description of Claim		<input type="text"/>								
From	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>
Description of Claim		<input type="text"/>								

Please provide turnover split by state and overseas

NSW%	VIC%	QLD%	SA%	WA%	TAS%	ACT%	NT%	Overseas
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Declaration

I declare that:

1. The answers given above and documents submitted represent the true position and have been completed after due enquiry;
2. I have not withheld any material information or any matter relevant to the decision of Epsilon as to whether to accept this risk;
3. I agree that this proposal and any accompanying documents shall form or partly form the basis of the Policy;
4. The person signing this proposal is duly authorised to sign on behalf of the Insured.

Signature(s):

Date:

Title/Position

## YOUR DUTY TO DISCLOSE

This policy is subject to the Insurance Contracts Act 1984 (Act). Under that Act You have a Duty of Disclosure.

Before You enter into an insurance contract, You have a duty to tell the Insurer anything that You know, or could reasonably be expected to know, that may affect the Insurer's decision to insure You and on what terms.

You have this duty until the Insurer agrees to insure You.

You have the same duty before You renew, extend, vary or reinstate an

insurance contract. You do not need to tell the Insurer anything that:

- reduces the risk that is insured; or
- is common knowledge; or
- the Insurer knows or should know as an insurer; or
- the Insurer waives compliance with Your duty of disclosure.

### If You do not tell the Insurer something

If You do not tell the Insurer anything You are required to, the Insurer may cancel Your contract or reduce the amount the Insurer will pay You if you make a claim, or both.

If Your failure to tell the Insurer is fraudulent, the Insurer may refuse to pay a claim and treat the contract as if it never existed.

## PRIVACY STATEMENT

Epsilon are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles.

Epsilon may collect personal information in order to assess an application for insurance and, if the application is accepted, to administer and manage the insurance policy and respond to any claim made. We may also use your personal information for the purpose of designing or underwriting new insurance products, for research and analytical purposes, to perform administrative functions (including for example accounting, risk management and staff training) and to comply with our legal obligations.

We may disclose personal information to third party service providers and related companies who assist us in processing any application or claim for insurance, such as reinsurers, our advisers, persons involved in claims, external claims data collectors and verifiers. Epsilon may also disclose your personal information to our related companies overseas who assist us in providing our products and services, including providing support in relation to the assessment of insurance applications and claims. These third party service providers or related companies may be located in the United States of America, Switzerland, Germany, Slovakia, Singapore and the United Kingdom.

By providing your personal information to us, you consent to us making these disclosures. If you choose not to provide your personal information, we may not be able to assess your insurance application or administer and manage your insurance policy and respond to any claim made.

Our Privacy Policy contains information on how you may access personal information we hold, or seek correction of your personal information and information on how to make a complaint about the handling of your personal information and how complaints are handled.

If you require more information, ask us for a copy of our Privacy Policy or visit [www.epsiloninsurance.com](http://www.epsiloninsurance.com).

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