

# Exclusively Security Proposal

The following notes are provided to assist in completion of this proposal form.

The Exclusively Security product is our specialist commercial insurance product designed specifically for and only available to businesses providing:

- a) Security guarding services (static and mobile) and associated activities, eg. alarm response, keyholding and event stewarding services
- b) Alarm, CCTV, security camera, door entry systems or fire extinguishing appliance installation and associated activities.

The policy gives full details of the cover provided and a specimen of the policy wording is available on request.

Please provide all the required information in each section and sub-section for which cover is required.

## Cover Options

Public & Products Liability cover is provided as standard under this policy.

All other cover (Employers' Liability, Money and Fidelity Guarantee) is optional.

If there is insufficient space for answers anywhere in this document, please use the Additional Information page at the end for further information. The Additional Information page is deemed to be a part of this proposal form.

## Data Protection Act

For Data Protection Act purposes, we will hold and process your personal data for insurance administration. For this purpose, the information may also be passed to selected third parties and reinsurers.

You consent to our processing sensitive data about you and other persons who may be insured under the contract. You understand that all personal data you supply must be accurate, and you have the specific consent of those other persons insured to disclose their personal data.

No cover is in force until confirmed by Ageas Insurance Limited.

If you are a sole trader you have the right to choose the law applicable to this contract.

From the answers given we will usually be able to give your proposal adequate assessment however there maybe other material information or facts known to you which could influence our assessment and acceptance of the risk and which has not been catered for either fully or in part by the questions. It is extremely important that you disclose all material information and facts as failure to do so could invalidate the insurance. If you are in doubt as to whether or not any information or fact is material then it should be disclosed. You should keep your own record (including copies of letters) of all information and facts supplied to us for the purpose of entering into this contract. Please check the accuracy of all your answers particularly if the proposal has not been completed in your own hand and satisfy yourself that all questions have been truthfully and fully answered. Ageas Insurance Limited operates procedures to reduce fraudulent claims. In dealing with your application for insurance we may make enquiries of credit reference agencies and other insurers who may note that an enquiry has been made about you.

TELEPHONE CALLS MAY BE RECORDED.

# Exclusively Security Proposal

Agent
Agent code
Policy No.

Insurance to commence on	for 12 months
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Proposer's name  
Show the full name, including any subsidiary companies to be insured. If not a limited company show the full names of all principals and partners and any trading name.

Please list the names and dates of birth of all Directors/Partners:

Please provide details of the background of Directors/Partners including number of years' experience in the Security Industry:

Company Registration Number	Date business established	/	/
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Tel No	Website address
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Email address

Postal address

Postcode

Business description  
Please provide a full description of your business activities including those of any subsidiary companies to be insured.

If you require Employers' Liability cover, please provide your Employer PAYE Reference(s) below. (This information is required for us to provide Employers' Liability cover. Where you have more than one PAYE Reference, please advise each one making it clear which company they apply to):

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

Are you a member of or accredited by any trade association or regulatory body? If so, please provide details below:

Are all relevant employees licensed by the Security Industry Authority (SIA)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you an SIA Approved Contractor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Nature of security work undertaken; please state the categories below:		
Static/mobile guarding	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Installation of alarms & other security systems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Installation of fire protection systems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Retail security (including store detectives)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cash carrying	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other work; please provide details below:		

Do you undertake or are you likely to undertake any work:		
Outside England, Scotland, Wales, the Channel Island or the Isle of Man?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
At, on or in docks, harbours, railways, offshore gas or oil installations, chemical or petrochemical works, oil or gas refineries, oil or gas storage facilities, airports or airfields, collieries, mines, quarries, power stations, or any installation where nuclear processing is undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
On or in aircraft or watercraft?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Offshore?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
At a height in excess of 15 metres above ground level?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
On or in mainframe computer suites?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered Yes to any questions above, please provide full details below:		
If your business activities involve the installation, maintenance, servicing or repair of security or fire protection systems, are all systems manufactured/installed to the appropriate British/European Standard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If your business activities involve guarding:		
Do you have a system in place for ensuring guards are on duty on site at the necessary time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you involved in crowd control, close protection, protester sites, special event work or similar activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered Yes to the question above, please provide full details below including the estimated annual turnover and wages for each activity:		

Do you enter into any contracts/agreements which increase your normal legal liabilities or affect your liability under statute or common law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide full details below and attach copies of the relevant contracts:		

Do you provide guard dog security?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes:		
Please state total number of dogs used	<input type="text"/>	
Do you comply with the Guard Dogs Act 1975 or any amending legislation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are dogs permanently under the control of a guard when being used for guard patrol duty?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all dogs properly kennelled when not being used for guard patrol duty?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all dogs professionally trained prior to being used for guard duty?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a "one-to-one" relationship between each dog and the guard/handler?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered No to any questions above, please provide details of your method of operation below:		

Please state below the percentage division of your contracts involving:	
Offices	<input type="text"/> %
Warehouses & factories	<input type="text"/> %
Shopping precincts	<input type="text"/> %
Building sites	<input type="text"/> %
Garages/car parks/car compounds	<input type="text"/> %
Other premises/sites – please specify below:	<input type="text"/> %

Please provide the following details of your current insurance:			
Insurance agent	Insurer	Expiry date	Premium

## Public and Products Liability

Please indicate the limit of indemnity required:	£1,000,000 <input type="checkbox"/>	£2,000,000 <input type="checkbox"/>	£5,000,000 <input type="checkbox"/>
Please state the estimated annual turnover of your business for the coming year:			£

## Inefficacy and Contractual Liability

Is cover required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, please indicate the limit of indemnity required:	£1,000,000 <input type="checkbox"/>	£2,000,000 <input type="checkbox"/>	£5,000,000 <input type="checkbox"/>

## Products Inefficacy

Is cover required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, please indicate the limit of indemnity required:	£1,000,000 <input type="checkbox"/>	£2,000,000 <input type="checkbox"/>	£5,000,000 <input type="checkbox"/>

## Subcontractors

Do you engage any independent subcontractors (other than labour only subcontractors which should be included under Employers' Liability below)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you ensure that all independent subcontractors maintain Employers' Liability and Public/Products (including Inefficacy) Liability insurances with limits of indemnity no less than the limits proposed under this insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please state the estimated annual payments to independent (bona fide) subcontractors:	£	

## Wrongful Arrest

Is cover required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If Yes, please indicate the limit of indemnity required:	£25,000 <input type="checkbox"/>	£50,000 <input type="checkbox"/>	£75,000 <input type="checkbox"/>	£100,000 <input type="checkbox"/>

## Loss of Keys

Is cover required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, please indicate the limit of indemnity required:	£10,000 <input type="checkbox"/>	£25,000 <input type="checkbox"/>	£50,000 <input type="checkbox"/>

## Professional Indemnity

The policy automatically includes Professional Indemnity cover with a limit of indemnity of £100,000.		
Have you previously held Professional Indemnity insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide the Retroactive Date:	/ /	

## Financial Loss

Is cover required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please indicate the limit of indemnity required:	£50,000 <input type="checkbox"/>	£100,000 <input type="checkbox"/>
Have you previously held Financial Loss insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide the Retroactive Date:	/ /	

## Employers' Liability

Is cover required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide estimated annual wages and numbers in respect of employees (including labour only subcontractors) in the following categories:		
	Estimated Annual Wages	Number
Clerical staff, directors, sales staff and managerial employees who do not engage in manual work	£	
Static and mobile security guards	£	
Security guards engaged in cash carrying duties	£	
Other employees – please specify below:		
	£	

## Money (and valuables)

Is cover required for coins, bank and currency notes, and/or valuables (eg. gold and silver items), belonging to your customers, whilst being carried/in transit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, further details will be required.		

## Fidelity Guarantee

Is cover required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please indicate the limit of indemnity required:		
£25,000 <input type="checkbox"/>	£50,000 <input type="checkbox"/>	Other (please specify) £ _____ <input type="checkbox"/>

## Vetting Procedures

It is a requirement and condition of all the insurances that vetting of individuals employed and engaged in a security work environment is conducted in accordance with:		
a) British Standard BS7858 Code of Practice for Security Screening of 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 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 vetting procedures comply with the above requirements.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## General Questions

1 Have you ever been insured in respect of any class of insurance now proposed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2 Has any insurer ever:		
a) Declined your proposal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Cancelled or declined to renew your insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Required increased or special terms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3 Have you or any director or partner ever been, either personally or in any business capacity:		
a) declared bankrupt or insolvent or been the subject of bankruptcy proceedings or insolvency proceedings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) owner or director of, or partner in, any business, company or partnership which went into administration, administrative receivership or liquidation, and/or was the subject of any company and/or individual voluntary arrangement with creditors, a winding up order or an administrative order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) the subject of a County Court Judgement (or Scottish equivalent)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) disqualified from being a company director?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4 Have you or any director or partner ever been convicted of or charged (but not yet tried) with any criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5 If you are a Sole Trader, do you wish the law of England to apply to this contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If any answer given is in a shaded box, full details must be shown below.		

## Loss History

Have any incidents or circumstances occurred during the last five years, whether insured or not, that resulted or could have resulted, in a claim under the type of insurance now proposed?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide full details below:					
Date	Nature of incident	Amount paid	Amount outstanding		

## Declaration

- 1 I/We declare that to the best of my/our knowledge and belief all statements and particulars given by me/us are true and complete and that no material information or fact has been withheld or suppressed.
- 2 I am/We are authorised to sign on behalf of all proposers.
- 3 I/We agree
  - that this proposal will be the basis of the contract between me/us and Ageas Insurance Limited
  - that if any answers have been written by another person then for that purpose such person will be regarded as my/our agent and not the agent of Ageas Insurance Limited
  - to be bound by the terms and conditions of the policy.
- 4 I/We understand that
  - the liability of Ageas Insurance Limited does not commence until this proposal has been accepted by them
  - Ageas Insurance Limited reserve the right to decline any proposal.
- 5 I/We agree to the seeking of information from credit and other agencies in connection with this proposal.

Proposer's signature
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Status of signatory
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Date
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**Please return your completed proposal form with copies of any additional documents required, to your agent.**

### Ageas Insurance Limited

*Registered office address*  
Ageas House, Hampshire Corporate Park,  
Templars Way, Eastleigh, Hampshire SO53 3YA

[www.ageas.co.uk](http://www.ageas.co.uk)

Registered in England and Wales No 354568

Ageas Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.



