



sutton
specialist risks Ltd

PROPOSAL FORM



PLEASE DETACH PROPOSAL FORM AND RETURN

PROPOSAL FORM FOR THE SECURITY & FIRE PROTECTION INDUSTRY

DISCLOSURE: In completing this Proposal Form it is very important that you disclose fully & accurately all material facts, as failure to do so may result in this insurance being void.

Material facts are those which may affect an Insurers assessment of the risk to be insured. If you have any doubt as to whether something is a material fact you should provide full details on this Proposal Form.

IMPORTANT: PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS IN FULL & WHERE APPLICABLE TICK THE APPROPRIATE BOX.

YOUR DETAILS

1. Full Name of Proposer
(including any trading names)

(where the company is not limited we must have names of all partners)

2. Address

Postcode (must be provided)

3. Tel No:

Fax No:

email:

Web:

4. Date company established (if less than 12 months please provide full details of relevant experience of directors/principals including the names of previous companies you have worked for):

5. Give details of any trade association or regulatory body you are a member of:

6. Business description (give fullest possible description of all activities and products):

(NOTE: COVER WILL ONLY APPLY TO THE BUSINESS DEFINED ABOVE)

THE INSURANCE REQUIRED

7. (please state if you require quotes for more than one limit)

tick if required

YES NO

Limit of Indemnity

i) Public Liability (policy incorporates products liability/inefficacy/wrongful advice/wrongful arrest/deliberate acts)

ii) Employers' Liability

iii) Fidelity Bonding Extension

iv) Loss of Keys Extension

v) Loss of Extinguishing Gas Extension

vi) Financial Loss (inc products) Extension

(higher available on request)

Please now complete one or more of the following sections as appropriate,
then go to Q. 21 (total turnover):

Section A Alarms and Associated Activities
Section B Fire Protection Systems and Products
Section C Security Guarding, Doormen & Keyholding Services

ie. If involved in intruder alarms and fire extinguishers complete Sections A and B.

If involved in CCTV and guarding complete Sections A and C. If only involved in guarding only complete Section C.

SECTION A - ALARMS AND ASSOCIATED ACTIVITIES

8.

Estimated Annual Turnover £

- | | |
|--|----------------------|
| i) Intruder Alarms | <input type="text"/> |
| ii) Fire Alarms | <input type="text"/> |
| iii) CCTV & Access Control | <input type="text"/> |
| iv) Locks and Safes | <input type="text"/> |
| v) Grilles and Shutters Manufacture | <input type="text"/> |
| vi) Grilles and Shutters Installation | <input type="text"/> |
| vi) Central Station Monitoring (applicable only if you run your own station) | <input type="text"/> |
| vii) Temperature Alarms | <input type="text"/> |
| viii) Vehicle Alarms | <input type="text"/> |
| ix) General Electrical Contracting (including emergency lighting) | <input type="text"/> |
| x) Pure Retail/Wholesale (ie. no installation, etc) | <input type="text"/> |
| xi) Any other Turnover | <input type="text"/> |

Please detail exactly what this is

9. Estimated manual wages from the above activities (include payments to labour only subcontractors)

£

10. Are all systems manufactured &/or installed to the appropriate British Standard?

YES

NO

If not, please provide full details

SECTION B - FIRE PROTECTION SYSTEMS AND PRODUCTS

11.

Estimated Annual Turnover £

i) Portable Fire Extinguishers

ii) Fixed Extinguishers (including Halon and other gas extinguishing systems)

iii) Fixed Extinguishers on Ships

iv) Fire and Smoke Alarms

v) Breathing Equipment

vi) Sprinklers and Wet Risers

vii) Dry Risers

viii) Safety Signs

ix) Pure Retail/Wholesale (ie no installation, etc)

x) Any other Turnover

Please detail exactly what this is

12. Estimated Manual Wages (from sprinklers)
(include payments to labour only subcontractors)

£

Estimated Manual Wages (all other)
(include payments to labour only subcontractors)

£

13. Are all fire protection systems manufactured/installed to the appropriate British Standard? YES

NO

If not, please provide full details

SECTION C - SECURITY GUARDING, DOORMEN & KEYHOLDING SERVICES

14. Estimated annual turnover from: Security Guarding and Keyholding
- Doorwork

Please state approximate split in % terms of guarding contracts between:-

- | | | | |
|--------------------------------|------------------------|-----------------------------------|--------------------------------|
| i) Car Compounds | <input type="text"/> % | v) Store Detectives | <input type="text"/> % |
| ii) Building Sites | <input type="text"/> % | vi) Gate Control/Commissionaires | <input type="text"/> % |
| iii) Warehouses & Factories | <input type="text"/> % | vii) Mobile & Residential Patrols | <input type="text"/> % |
| iv) Offices | <input type="text"/> % | viii) Keyholding Services | <input type="text"/> % |
| 15. Estimated number of guards | <input type="text"/> | Estimated annual guards wage roll | <input type="text" value="£"/> |

16. Are you involved in cash carrying? YES NO

If yes, please provide full details

17. i) Do you provide guard dog security? YES NO If yes, state number of dogs
- ii) Do you comply with the Guard Dogs Act 1975 and any amending legislation? YES NO
18. Do you have a system in place for ensuring guards are on duty on site at the required time? YES NO
19. a) Do you provide any ancillary non-guarding activities such as industrial/commercial process monitoring? YES NO
- b) Are you involved in crowd control, protestor sites, bodyguards or similar activities? YES NO

If yes to a) or b) please provide full details

VETTING

20.

It is a requirement and policy condition that all employees be vetted in accordance with BS 7499 (Manned Security Services Part 1 code of practice for static guarding and mobile patrol services) &/or BS 7858 (code of practice for security screening of personnel employed in a security environment) or any amendment thereto, or BS 7960 for Door Supervisors.

Please confirm which standard you vet to: BS 7499 BS 7858 BS 7960 Door Supervisors

TOTAL TURNOVER FROM SECTIONS A, B & C

21. TOTAL ESTIMATED TURNOVER
from sections A, B & C

£

TOTAL ESTIMATED MANUAL
WAGES from sections A, B & C

£

TOTAL ESTIMATED
CLERICAL WAGES

£

No. of EMPLOYEES

Manual

Clerical

**(Please ensure that your total turnover and wages provided
add up to the same as provided in Sections A, B & C)**

GENERAL QUESTIONS (to be completed by ALL proposers)

22. What equipment do you use or processes do you carry out away from your premises that involve the application of heat?

If none please state

23. Have you signed any contracts with central monitoring
stations where they restrict their liability?

YES

NO

If yes a copy of the contract conditions MUST be attached

24. Do your own contract conditions or your customers
contract conditions increase your normal legal liabilities?

YES

NO

If yes a copy of the contract conditions MUST be attached

25. Do you undertake work (or supply goods):

a) outside Great Britain?

YES

NO

b) in Northern Ireland?

YES

NO

c) at a height in excess of 16 metres?

YES

NO

d) on board ships, on off-shore installations, at airports,
chemical or petrochemical works, nuclear installations, bulk oil
or gas storage facilities or within 5 Metres of railway tracks?

YES

NO

e) mainframe computer suites?

YES

NO

if you have answered YES to any of these questions, please give full details indicating the proportion of your turnover and wages for this work:-

26.

a) Do you engage subcontractors (other than labour only)?

YES

NO

b) If yes, do you check subcontractors hold public liability insurance
(including products liability & inefficacy if the whole of a service or a
complete installation is involved) for an indemnity of at least £1,000,000
covering the work being subcontracted?

YES

NO

YOUR BUSINESS HISTORY & CLAIMS EXPERIENCE

27. Have you or any director or partner ever had any claim made against you in the last 5 years, (whether insured or not) in respect of the insurances for which you are now proposing?

YES NO

If **YES**, please provide the following details, including the present position on any claims outstanding against you :

YEARS	Brief details & type of claim	Amount Paid £	Amount Outstanding £
<input type="text" value="/"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="/"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="/"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="/"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="/"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

28. Has any insurer ever declined to insure you, cancelled or refused to renew your insurance?

YES NO

If **YES**, please provide full details

29. Have you or any director or partner ever:

YES NO

- a) been prosecuted under the Health & Safety at Work Act 1974, the Consumer Protection Act 1987 or any other legislation relating to the health & safety of your employees?
- b) been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence?
- c) been concerned with any business which has been wound up, liquidated, dissolved or ceased to trade?

If **YES** to any of the above please provide full details

30. Name of Last Insurer:

THIS MUST BE PROVIDED

Policy Number(s)

Expiry Date of current Policy

\ \

Expiring Premium

£

SIGN DECLARATION OVERLEAF

IMPORTANT

DISCLOSURE

Material facts must be disclosed. These are facts which an insurer would regard as likely to influence the acceptance and assessment of the proposal. If you are in any doubt about what you should disclose, do not hesitate to tell us or your insurance adviser. Making sure we are informed is for your own protection as failure to disclose all material facts may invalidate your cover or result in your policy not operating fully. Please keep copies of all communications in respect of information supplied for the purpose of entering into this contract. If requested a copy of the proposal form will be provided.

ANTI FRAUD WARNING

It is important that care is exercised in the completion of this form. Some or all of the information which you supply to Insurers in connection with this insurance will be held by the Company on computer and may be passed on to other parties for underwriting and claims handling purposes and to prevent fraudulent claims.

DECLARATION

I/We declare that to the best of my/our knowledge and belief this proposal form has been completed correctly and nothing material affecting any of the risks proposed has been concealed. I/We agree that this proposal shall form the basis of the contract with insurers. I/We agree to accept insurance subject to the terms and conditions of the Company's policy and that the insurance will not be in force until this proposal has been accepted by the Company. I/We further agree to provide such declarations of actual wages and turnover at the end of the period of insurance as may be required, and to pay any additional premium due.

NAME IN CAPITALS:

POSITION:

SIGNED:

DATE:

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