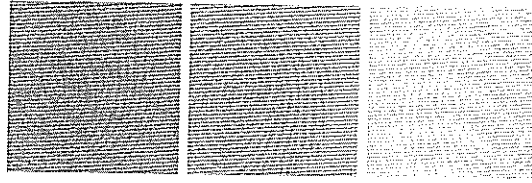


The Insurance
Supermarket



Personal Touch Financial Services Ltd

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Professional Indemnity Proposal Form – Security Companies

**Personal Touch Financial Services Ltd is authorised
and regulated by the Financial Services Authority**

PROPOSAL FORM

Full name of Proposer (including trading name):

.....
.....
.....

Address:

.....

Names of Partners/Directors:

.....
.....
.....
.....

Background of Partners/Directors:

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.....
.....
.....
.....

Date established:

Telephone number and person to contact:

.....

Facsimile number:

Are you a member of any Trade Association or Regulatory Body? If so, please provide details:

.....

Nature of security work undertaken; please state below categories:

- | | |
|---|--------|
| (a) Static/Mobile Guards | YES/NO |
| (b) Retail Security | YES/NO |
| (c) Cash Carrying | YES/NO |
| (d) Installation of Alarms & other Security Systems | YES/NO |
| (e) Any other work; please supply details..... | |

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1. PUBLIC LIABILITY/EFFICACY & CONTRACTUAL LIABILITY

- (a) Public Liability - Limit of Indemnity required £
- (b) Is Efficacy and Contractual Liability required? YES/NO
- (c) Limit of Indemnity for Efficacy and Contractual Liability £
- (d) Please state estimated turnover for the coming year £
- (e) Do you use sub-contractors? YES/NO
 If yes, please state payments to sub-contractors £
- (f) Do you provide Guard Dog Security? YES/NO
 If yes, please state:-
- (i) If permanently under the control of a handler. YES/NO
 - (ii) Total number of guard dogs
 - (iii) Are all dogs properly kennelled when not being used for guard duty? YES/NO
 - (iv) Are all dogs professionally trained prior to being used for guard duty? YES/NO
 - (v) Is there a "one to one" relationship between the dog and handler? YES/NO
 - (vi) If not please detail your method of operation
 -
 -
 -
 -
- (g) Please state below percentage split of your Contracts:
- (i) Offices %
 - (ii) Warehouses & Factories %
 - (iii) Shopping Precincts %
 - (iv) Building Sites %
 - (v) Garages/Car Compounds %
 - (vi) Other work - please specify
 - %

IF INSURANCE IS REQUIRED FOR EFFICACY & CONTRACTUAL LIABILITY WOULD YOU KINDLY FURNISH A COPY OF YOUR CONTRACT CONDITIONS AS COVER IS SUBJECT TO UNDERWRITERS' APPROVAL OF THE CONDITIONS.

2. EMPLOYERS' LIABILITY

Please give estimated annual wages and numbers in respect of employees in the following categories.

- (a) Clerical staff, Directors, Commercial Travellers and Managerial Employees who do not engage in manual work.
- (b) Static and mobile Security Guards.
- (c) Guards engaged on cash carrying duties.
- (d) Other Employees; state type

.....

Number	Estimated Wages

3. PERSONAL ACCIDENT INSURANCE

Do you require Personal Accident Insurance? YES/NO

If yes, please state:

(a) Do you require full 24 hour cover? YES/NO

(b) Do you require Insurance restricted to occupational cover only including travelling to and from place of work? YES/NO

(c) The total number of employees involved and brief description of work undertaken:

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.....

.....

(d) The sum insured required per person for death and capital benefits £

(e) The sum insured required per person for temporary total disablement £

(f) Are satisfactory enquiries made concerning the health and physical fitness of prospective employees before they are employed? YES/NO

4. FIDELITY GUARANTEE

Do you require Fidelity Guarantee Insurance? YES/NO

If yes, state the Limit of Indemnity £

5. WRONGFUL ARREST

Is cover required for Wrongful Arrest?

YES/NO

If yes, please state the Limit of Indemnity

£

6. YOUR CUSTOMERS PROPERTY

(a) Do you require cover for cash and/or valuables and/or goods in transit?
(Further details will be required)

YES/NO

(b) Do you require cover for Loss of Keys Insurance?

YES/NO

If yes, please state the Limit of Indemnity

£

(c) Do you require cover for Consequential Loss following Loss of Keys?

YES/NO

If yes, please state the Limit of Indemnity

£

7. OTHER DETAILS OF WORK UNDERTAKEN

Do you undertake or are you likely to undertake any work

(a) Outside England, Scotland, Wales, the Channel Island or the Isle of Man

YES/NO

(b) Airside (except work inside terminal buildings)

YES/NO

(c) Offshore

YES/NO

If answer to any of the above is "yes" please provide details

.....

.....

8. 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

If yes, please provide the following details

Year	Brief Details and Type of Claim	Amount Paid	Amount Outstanding

9. SCREENING PROCEDURES

It is imperative that this section is fully completed as the information is relevant to all sections of the Policy.

It is a requirement and condition of all the insurances that satisfactory written references must be obtained going back to a period of at least ten years or to school leaving age before any person is employed. It is, however, permissible for satisfactory references to be obtained for the previous five years (if verbal references are obtained, these must be appropriately recorded on the Personnel file) and the person placed on probationary employment for sixteen weeks but satisfactory written references must be obtained for the period of at least ten years within the sixteen week probationary period.

Please confirm that your screening procedures comply with the above requirements YES/NO

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

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PLEASE ALSO FURNISH A COPY OF YOUR EMPLOYMENT APPLICATION FORM

10. LONG TERM AGREEMENT

Are you willing to enter into an Agreement whereby you undertake to retain the Insurances with the Underwriters for three years subject to there being no increase in the rates (A DISCOUNT IS AVAILABLE IN RESPECT OF THIS AGREEMENT) YES/NO

11. PREMISES

Would you like us to arrange cover for the following:-

Building/Office or Trade Contents/Loss of Profits/Own Money YES/NO

All Risks on Equipment taken away from the Premises YES/NO

If Insurance is required for any of the above items, the Underwriters will need additional information on a supplementary proposal form.

12. PRESENT/PREVIOUS INSURANCES

- (a) Name of Brokers and/or Underwriters
-
- (b) Renewal Date

13. GENERAL

- (a) Has an Insurer ever:
 - (i) Declined to accept any Insurance for which you are now proposing? YES/NO
 - (ii) Cancelled or refused to renew a Policy? YES/NO
 - (iii) Required an increased premium, special terms or restrictions? YES/NO
- (b) Have you the Proposer or any Partner or Director ever been:
 - (i) Convicted of or charged (but not yet tried) with a criminal offence? YES/NO
 - (ii) Declared Bankrupt or Insolvent? YES/NO
- (c) To your knowledge, has any Employee ever been convicted of or charged (but not yet tried) with a criminal offence? YES/NO

If YES to any of the above, please give details:

.....
.....

14. PAYMENT OF PREMIUM BY INSTALMENTS

Do you wish to pay your premium by instalments? YES/NO

If yes, separate forms will need to be completed.

I/WE DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND I/WE HAVE NOT CONCEALED ANY MATERIAL FACT THAT OUGHT TO BE KNOWN OR ADVISED TO THE UNDERWRITERS.

I/WE AGREE THAT ANY VARIATION IN PRACTICES AND/OR SAFEGUARDS AND/OR PROCEDURES WILL NOT BE MADE WITHOUT THE KNOWLEDGE AND AGREEMENT OF THE UNDERWRITERS.

I/WE WARRANT THAT THE ABOVE STATEMENTS ARE TRUE AND AGREE THAT THEY SHALL BE THE BASIS OF THE PROPOSED CONTRACT BETWEEN THE UNDERWRITERS AND MYSELF/OURSELVES AND BE INCORPORATED THEREIN.

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.

IT IS FURTHER WARRANTED THAT CONTINUED ACCURACY OF THE ABOVE STATEMENTS, PARTICULARS AND ANSWERS SHALL BE A CONDITION PRECEDENT TO LIABILITY UNDER THE PROPOSED INSURANCES.

SIGNED..... POSITION.....

DATE.....