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SECURITY PROPOSAL FORM

Security Insured
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Proposal Form For Security, Alarm And Fire Protection Companies

1. THE PROPOSER

Full name of the Proposer, including all trading names:

Postal Address:

Postcode:

Telephone No:

Contact Name:

E-mail:

Website

Full Business Description (Full details of all activities to be covered) – cover will apply only to business defined:

Date Company Established:

If trading for less than 12 months, please provide full details of relevant experience of the directors/principals.

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 of each one making it clear which company they apply to (further information can be found at www.elto.org.uk)

***Employer PAYE Reference(s)**

Date upon which insurance should commence?



PLEASE SELECT BELOW THE AREAS OF SECURITY YOUR BUSINESS COVER

Static/Manned Guarding

Door Supervision

Event Security

Close Protection

CCTV

Keyholding/Alarm Response

Intruder/Fire Alarms

Locksmith/Vaults/Safe Installation

Other (Please State)

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

Are all relevant employees licensed by the Security Industry Authority? Yes No

Are you and SIA Approved Contractor? Yes No

2. PLEASE ESTIMATE NUMBER OF EMPLOYEES, WAGES & TURNOVER FOR THE FORTHCOMING 12 MONTHS

	Number of Staff	Wages	Turnover
Clerical, Administrative & Non-Manual			
Static & Mobile Security Guards			
Sporting and Music			
Events (All other)			
Close Protection			
Door Supervisors			
Alarm, Fire Protection and Security Systems			
Other Employees, please state below			
Total			

Description of other Employees work



3. BONA-FIDE SUB-CONTRACTORS

i) Do you engage any Bona-Fide Sub Contractors?	Yes	No
ii) Do you ensure that the sub-contractors maintain Employers Liability, Public/Products and Efficacy Liability Insurances with limits of indemnity no less than the limits proposed under this Insurance?	Yes	No
iii) Estimated Annual Payments to Bona-Fide Sub-Contractors: £		

4. COVER REQUIREMENTS

i) EMPLOYERS LIABILITY – Cover Required	Yes	No
The standard Limit of Liability under this section is £10,000,000 If you require an increased limit please indicate amount: £		
ii) PUBLIC LIABILITY – Cover Required?	Yes	No
The standard Limit of Liability under this section is £5,000,000 If you require an increased limit please indicate amount: £		
iii) USE OF DOGS (please skip question if you do not use dogs)	Yes	No
Percentage split of work involving Dog Handling		
Cover automatically includes liability arising out of the use of guard dogs and is dependent on compliance with the Guard Dogs Act 1975 and subsequent legislation		
Total number of guard dogs?		
Are all dogs kennelled when not being used for guard duty?	Yes	No
Are all dogs professionally trained prior to being used for guard duty?	Yes	No
iv) INEFFICACY & CONTRACTUAL LIABILITY?	Yes	No
v) PRODUCTS LIABILITY – Cover Required?	Yes	No



Please provide brief details of products supplied/installed?

Please state below all your activities for all Alarms and associated work:

Estimated Annual Turnover (£)

- i) Intruder Alarms (install & maintenance)
- ii) Fire Alarms (installation & maintenance)
- iii) Central Station Monitoring/Key Holding
- iv) Locks, Safes, Grills, Barriers or Fencing
- v) General Electrical Contracting
- vi) Sale of Products (no installation)
- vii) Security Shredding
- ix) Vehicle Alarms
- x) Any other activity (see below)

Please provide details of any other activity:

Do you manufacture or modify any equipment?	Yes	No
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If so, please provide details of the activities and estimated turnover?

Are all systems manufactured and/or installed to the appropriate British/European Standards?	Yes	No
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If not, please provide full details:

vi) INEFFICACY (PRODUCTS) LIABILITY – Cover Required	Yes	No
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vii) FIDELITY GUARANTEE – Cover Required?	Yes	No
viii) LOSS OF KEYS – Cover	Yes	No
ix) WRONGFUL ARREST – Cover Required	Yes	No
x) FINANCIAL LOSS – Cover Required	Yes	No

5. SUMMARY OF WORK UNDERTAKEN

i) STATIC/MANNED GUARDING

Please provide the approximate **percentage** split of activities undertaken

- a. Guarding of Offices
- b. Retail Security including Store Detectives
- c. Guarding of Warehouses and Factories
- d. Guarding of Construction Sites
- e. Guarding of Residential Buildings
- g. Guarding of Garages & Car Compounds
- h. Keyholding & Alarm Response
- j. Cash & Valuables in Transit

Please provide details of any other activity:



ii) EVENT SECURITY

Please state below which event work your business undertakes:

Event Security including Musical & Sporting Events

Event Security excluding Musical & Sporting Events

Car Parking & Traffic Management

Private Parties/Weddings

Corporate Events

If other Sporting Events please specify on page 10

iii) CLOSE PROTECTION

a) Please select the category/s, which best suit the description of your clients?

Business people

High net worth individuals

High profile celebrities (including footballers)

Minor celebrities

Royalty/Dignitary

Other (please specify)

b) How many years experience does the business have in conducting close protection work:

Please provide further supporting information providing details of Close Protection work undertaken (where, who for, details of work etc.) under 'Question 11 - ANY ADDITIONAL NOTES' on page 10

6. OTHER DETAILS OF WORK UNDERTAKEN

Do you undertake 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 terminal buildings)?	Yes	No
c) Offshore?	Yes	No

If you answered YES to any of the above, please provide details:



7. CLAIMS HISTORY

Have any claims been made upon you or notified (whether insured or not) in respect any of the above mentioned risks during the past 5 years:

Yes

No

Year	Brief Details and Type of Claim	Amount Paid	Amount Outstanding

8. SCREENING PROCEDURES

a) If the Insured is involved with any static guarding, mobile patrol or door supervision activities please confirm that all employees are vetted in accordance with:

- i) 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
- ii) 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 must be retained.

Please confirm that your screening procedures comply with the above requirements

Yes

No



9. ADDITIONAL INSURANCES – Would you be happy for us to either now or in the future look at any other insurance for your business?

a) Buildings / Contents / Stock / Machinery:	Yes	No
b) Legal Expenses / Directors & Officers Liability:	Yes	No
c) Motor Fleet:	Yes	No
d) Personal Accident Insurance:	Yes	No

10. GENERAL

a) Has an insurer		
i) Declined to accept any Insurance for which you are 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 convicted of or charged (but not yet tried) with a criminal conviction?	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
d) Have you the Proposer or any Partner or Director ever been declared bankrupt or insolvent or been disqualified from being a company director or been involved as owner Director or Partner with any company which went into receivership, administration or liquidation?	Yes	No

If yes to any of the above, please give details



11. ANY ADDITIONAL NOTES

(Please reference which question/s you are referring to):

Please also provide any other significant information you would like insurers to note which you feel may influence or improve any quotation:

12. DECLARATION

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 yourself/yourselves 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 conditions precedent to liability under the proposed insurances.

Name in Capitals:

Position:

Signature:

Date: