



# LIABILITY INSURANCE SECURITY PROPOSAL FORM

## IMPORTANT INFORMATION

This Policy wording is an important document and should be kept in a safe place. You should read this wording and any attachments We provide to You, so that You understand the insurance provided by this Policy. It is important that You:

- a. read all of the Policy to make sure that it gives You the protection You need;
- b. are aware of the limits on the insurance provided and the amounts We will pay You (including any Excess that applies);
- c. are aware of the definitions in the Policy. You will find definitions throughout the Policy.

You must comply with all provisions of this Policy, otherwise We may be entitled to refuse to pay a claim or reduce the amount You are entitled to receive. The Policy is in force for the Period of Insurance set out in Your Schedule or until cancelled.

There are limits on the insurance provided:

- a. some of these will be stated in the Policy itself (these are Our standard Policy limits); and
- b. the remainder will be stated in the Policy Schedule.

In some circumstances the terms and conditions of this Policy may be amended by endorsement. If Your Policy is endorsed You will receive notification of the endorsement. In issuing this Policy to You, We have relied upon the proposal form You have already completed.

## YOUR DUTY OF DISCLOSURE

Before You enter into an insurance contract, You have a duty under the Insurance Contracts Act 1984 to tell Us anything that You know, or could reasonably be expected to know, may affect is relevant to Our decision to insure You and on what the terms.

You have this duty until We agree to insure You.

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

## INFORMATION YOU DO NOT NEED TO GIVE

You do not have to tell Us anything that:

- a) reduces the risk we insure You for to Us of insuring You; or
- b) is common knowledge; or
- c) We already know or should know as an insurer; or
- d) we waive your duty to tell Us about.

## IF YOU DO NOT TELL US SOMETHING

If You do not tell Us anything You are required to, We may cancel Your the contract or reduce the amount We will pay You if You make a Claim, or

If Your failure to tell Us is fraudulent, We may refuse to pay a Claim and treat the contract as if it never existed

## CLAIMS MADE AND NOTIFIED BASIS OF COVER

Section 2: Errors and Omissions, Section 3: Professional Indemnity and Section 4: Statutory Liability and Section 4: WorkCover & Criminal Defence Costs are provided (only if a Limit of Indemnity is recorded in the Policy Schedule) on a "**claims made and notified basis**". These Sections only provide indemnity if:

- a. claim is made against You, by some other person, during the Period of Insurance and You notify Us of the Claim during the same Period of Insurance;

AND

- b. the claim which is notified arises out of an occurrence which takes place after the commencement date of the Period of Insurance or after the Retroactive Date stated in the Schedule, whichever is the earlier.

Section 40 (3) of the Insurance Contracts Act 1984 (Cth) applies to this type of Policy of Insurance. That sub-section provides that if You become aware, during the Period of Insurance, of any occurrence or facts which might give rise to a claim against You by some other person, then provided that You notify the insurer of the matter before the Period of Insurance expires, the insurer may not refuse to indemnify You merely because a claim resulting from the matter is not made against You during the Period of Insurance. If You inadvertently or otherwise, do not notify the relevant

occurrence or facts to the insurer before the expiry of the Period of Insurance You will not have the benefit of Section 40(3) and the insurer may refuse to pay any subsequent claim, notwithstanding that the occurrence giving rise to it took place during the Period of Insurance.

## PRIVACY

Privacy legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information. We are bound by the Privacy Act 1988 (Cth) and its principles when collecting and handling personal information. We have developed a privacy policy which explains what sort of personal information We hold about You and what We do with it.

### How we collect Your personal information

We will only collect personal information from or about You for the purpose of assessing Your application for insurance and administering Your insurance Policy, including any claims You make.

### To whom We disclose Your personal information

We may need to disclose personal information to the Lloyds underwriter located overseas, intermediaries, insurance reference bureaus, credit reference agencies, Our advisers and those involved in the claims handling process (including assessors and investigators), for the purposes of assisting Us and them in providing relevant services and products, or for the purpose of litigation. Coversure is likely to disclose Your personal information to some of these entities located overseas, including in the following countries: United Kingdom.

By providing Your personal information to Us, You consent to Us making these disclosures.

### Consequences if Your personal information is not collected

Without Your personal information We may not be able to issue insurance cover to You or process Your claim.

From time to time, We may use Your name and contact details to send You or Your firm offers or information regarding Our insurance services or promotions that may be of interest to You. Please let Us know if You no longer wish to receive this information.

### Access to and correction of Your personal information

Our privacy policy contains information about how You may access and seek the correction of the personal information about You that We hold.

### Complaints

Our privacy policy also contains information about how You may complain about a breach of the Australian Privacy Principles and how We will deal with such a complaint.

Our privacy policy and contact details

A copy of Our privacy policy is available from the office of Coversure Pty Ltd or at [www.coversure.com.au](http://www.coversure.com.au). Coversure can be contacted at [insure@coversure.com.au](mailto:insure@coversure.com.au)

## IF YOU HAVE A DISPUTE

### INTERNAL DISPUTE RESOLUTION

Any enquiry or complaint relating to this Insurance should be referred to Coversure in the first instance. If this does not resolve the matter or you are not satisfied with the way a complaint has been dealt with, you should write to:

Lloyd's Underwriters' General Representative in Australia

Suite 1603 Level 16, 1 Macquarie Place

Sydney NSW 2000

Telephone Number: (02) 8298 0700

## NEED FURTHER INFORMATION

Your Insurance Broker has arranged this insurance for You, on Your behalf. If You have any questions or need further information concerning Your insurances, You should contact them to assist You with Your enquiry.

## CONTACTING US

You are represented by an Insurance Broker who deals directly with Us. You should direct all of Your correspondence to Us through this Broker who is Your Agent in arranging this insurance. When We are dealing directly with You, for example with a claim, You may contact Us as shown on Our claim form or as indicated on this Policy wording.

**This Proposal asks for detailed information that will be used by Us to consider and assess Your business for insurance. It also asks that You evidence some activities by providing us with additional documents. Please endeavour to fully complete and answer all questions and ask your broker for clarification if You are in any doubt as to the meaning of any question (s).**

### When completing this Proposal Form:

- Please answer **all** questions giving full and complete answers
- If the space required on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer.
- **Please ensure that this Proposal Form declaration is properly signed and dated.**
- **Signing the proposal does not form a contract of insurance.**

**PROPOSER DETAILS**

1. Proposer name(s): (Please provide full legal name of <b>all entities</b> to be insured, including subsidiaries)		
2. Trading name: (Please provide all trading names)		
3. ABN of <b>all entities</b> to be insured:		
4. Number of years the business has been continuously providing security services:		
5. Address of principal location(s):		
6. Contact details	Business phone:	
	Email address:	
	Web Address:	
7. Interested party (s)	Please complete and submit the Coversure interested party declaration. Note: Indemnity is not provided for interested parties other than as provided by the Policy wording.	

**GENERAL INFORMATION**

8. Full description of business activities:				
9. Number of years of security industry experience by Your most experienced directors of partners:				
10. If less than 5 years, please provide details of any previous relevant experience:				
11. Please provide the following details for all directors/principals/partners:				
Name of all principals, directors, partners	Age	Qualifications	Date qualified	Years practicing as partner/principal
12. Please advise the total number of partners/staffs:				
	Full time	Regular Part Time	Casual	
Directors, partners, principals				
Qualified security staff				
Qualified security consultants				
Qualified security contractors & sub-contractors				
Qualified security labour hire staff engaged by You				
Administration / other staff				
13. Are You a member of a professional / industry association and do You comply with its code of conduct? If yes, please provide details including Your membership number:				
14. Do you have a written operations manual and compliance plan for Your Business? If Yes please provide a copy.				Yes <input type="checkbox"/> No <input type="checkbox"/>

**TURNOVER**

14. Please state the turnover in:		Last 12 months	\$	Next 12 months (Estimate)	\$				
15. If turnover has changed by more than 15% in the last 12 months, please provide an explanation?									
16. Please provide a percentage breakdown of turnover by location as follows:									
NSW	VIC	QLD	SA	WA	TAS	ACT	NT	O/S	TOTAL
									100%

## LIMITS OF LIABILITY

17. Proposed insurance (please tick or complete)

Current insurer:				
Current broker:				
18. Current limit of liability:	\$5M <input type="checkbox"/>	\$10M <input type="checkbox"/>	\$20M <input type="checkbox"/>	Other \$
19. Current base excess:	\$	20. Patron Management (Crowd Control Excess)		\$
21. Period of insurance:		to		At 4.00pm
22. Limit of indemnity required				
Policy Limit of indemnity:	\$5M <input type="checkbox"/>	\$10M <input type="checkbox"/>	\$20M <input type="checkbox"/>	Other \$
Patron Management: Sub Limit	\$5M <input type="checkbox"/>	\$10M <input type="checkbox"/>	\$20M <input type="checkbox"/>	Other \$
Third party goods in your care, custody, and control:	Automatic:		\$25,000	Other \$
Loss of keys	Automatic:		\$25,000	Other \$
Errors & omissions	:		\$1M	Other \$
Professional Indemnity			\$1M	Other \$
Criminal Defence, Worksafe and Coronial Enquiry Costs			\$50,000	Other \$
23. Excess (please tick or complete)				
Base Policy Excess	\$5,000 <input type="checkbox"/>	\$10,000 <input type="checkbox"/>	\$25,000 <input type="checkbox"/>	Other \$
Patron Management Excess	\$10,000 <input type="checkbox"/>	\$25,000 <input type="checkbox"/>	\$50,000 <input type="checkbox"/>	Other \$
24. Do You have the have financial means to pay the policy excess as and when required?				Yes <input type="checkbox"/> No <input type="checkbox"/>

## SECTION 1 – BUSINESS ACTIVITY

25. What percentage of turnover is currently derived from the following activities: (Total = 100%).

If You expect this split will materially change in the next 12 months please highlight the changes in a separate response

	Domestic	Offices	Retail	Warehouses / Commercial	Parking
Mobile patrols	%	%	%	%	%
Foot patrols	%	%	%	%	%
Concierge	%	%	%	%	%
Traffic Controllers	%	%	%	%	%
Drug & Alcohol Testing (initial test only)	%	%	%	%	%
Bodyguard & Personal Protection Services	%	%	%	%	%
Investigation / Inquiry Agency	%	%	%	%	%
Security / Risk Management Consultant	%	%	%	%	%
Security Plan Design Consulting	%	%	%	%	%
Security Training	%	%	%	%	%
Education Programs (e.g. self-defence etc.)	%	%	%	%	%
Static Guard duties	%	%	%	%	%
Monitoring of Alarms	%	%	%	%	%
Responding to Alarms	%	%	%	%	%
Use of Firearms	<b>(complete Q34)</b> %	%	%	%	%
Firearms Training	<b>(complete Q34)</b> %	%	%	%	%
Cash Carry (excluding Firearms)	<b>(complete Q35)</b> %	%	%	%	%
Cash Carry (including Firearms)	<b>(complete Q35)</b> %	%	%	%	%
ATM First Line or Second Line Response	%	%	%	%	%
Manufacture of Security Systems	Excluded %	%	%	%	%
Design of Security Systems	Excluded %	%	%	%	%
Installation of Security Systems	Excluded %	%	%	%	%
Maintenance of Security Systems	Excluded %	%	%	%	%
Security System Consulting	Excluded %	%	%	%	%
Locksmith	Excluded %	%	%	%	%

	Domestic		Commercial		
Debt Collecting	%		%		
	Leashed patrol	Unleashed area	Crowd control	Other	
Use of Dogs <b>(complete Q33)</b>	%	%	%	%	
Other, please specify in detail below					
	Domestic	Restaurants	Hotel/Bar	Events Stadium	Other
Patron Management <b>(complete Q57-64)</b>	%	%	%	%	%
Provision of services at any airport, or shipping container, train, or vessel terminal (if so, please specify below)					%

## SECTION 2 – SUBCONTRACTORS & LABOUR HIRE

26. a) What percentage of Your Business activities are completed by subcontractors?	%
b) What percentage of Your Business activities are completed by labour hire staff?	%
27. Do the subcontractors or labour hire always work together with Your employees/staff?	Yes <input type="checkbox"/> No <input type="checkbox"/>
28. Do You ensure that subcontractors or labour hire have a valid liability insurance policy in place that is not dissimilar to the policy You are proposing to arrange?	Yes <input type="checkbox"/> No <input type="checkbox"/>
29. Do You ensure that the activities for which You have engaged a subcontractor are NOT excluded by their own insurance policy and that they have financial means to pay their policy excess?	Yes <input type="checkbox"/> No <input type="checkbox"/>
30. How do You manage and supervise control of contractors or labour hire staff engaged by Your Business?	
31. Do You provide subcontractors and labour hire staff with the same training as You provided to Your own staff? If not, how do you ensure subcontractors and labour hire staff have adequate training in both Your Business procedures and operational requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
32. a) Do You always engage subcontractors and labour hire staff with written contracts or terms of service outlining the services to be provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Do these contracts or terms of service require the subcontractors and labour hire staff provider to indemnify You for liability arising from their actions arising from the provision of contract services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) If not, do You request indemnity from this Policy for Your liability for the actions of subcontractors and labour hire staff providers?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## SECTION 3 USE OF DOGS (Complete if required)

33. Do You require insurance for use of dogs performing security activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
a) Are dogs properly kennelled in accordance with RSPCA standards for health and hygiene when not being used for work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Are dogs professionally trained prior to being used for work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, by who?	
c) What are the duties performed by the dogs?	

d) Are dogs always under direct control of handler and maintained on a leash?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please describe dog control procedures.	

**SECTION 4 USE OF FIREARMS (Complete if required)**

34. Do You require insurance for use of firearms?	Yes <input type="checkbox"/> No <input type="checkbox"/>
a) Number of guards licensed to use firearms?	b) Number of firearms?
c) Are firearms serviced each 12 months by a gunsmith?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Are firearms only carried by licensed employees with appropriate licenses and authorisation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Are firearms always returned to a registered and locked safe box immediately after shifts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
f) Is ammunition stored in a locked container separately to the firearm when not in use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
g) Does anyone defined as You retain firearms in their possession or at domestic premises outside designated working hours?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**SECTION 5 - CASH IN TRANSIT (Complete if required)**

35. Do You require Cash in Transit insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
a) On average how many carries per week?	
b) What will be the maximum carry?	
c) What is the average carry limit?	
d) What is the estimated total annual carry for the next 12 months?	
(Estimated annual carry: Q35.a) average carries per week x Q35.c) average carry limit x 52 weeks = Q35.d) estimated annual carry total)	
e) If the maximum carry limit advised in Q35.b) exceeds \$100,000, please advise in what circumstances, how often this amount will be carried:	

**SECTION 6 - CASH IN SAFE (Complete if required)**

36. Do You require insurance for Cash in Safe?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
(If multiple locations, please complete Q37-Q44 for each location or Cash in Safe addendum)			
37. Address where safe is located:			
38. Maximum amount to be insured at the location:	\$		
39. What is the construction material of the premises in which safe is located:			
Walls	Roof	Floor	
40. Specification of safe:			
a) Make & model of safe:			
b) What is the Manufacturer's cash rating on the safe?			
c) Thickness of safe walls:	d) Thickness of safe door:		
e) Weight of the safe:	f) Is the safe fixed to the floor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
g) Is the safe drill resistant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	h) Is the safe torch resistant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
41. How many staff are entrusted with the safe combination?			
42. Is the safe combination changed regularly and after staff leave employment with You?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
43. Details of the security and alarm system of the premises:			
a) Manufacturer?	b) Back to base / local?		
c) How many staff are entrusted with the alarm code?			
d) Details of maintenance contract? (incl. company and frequency)			
e) What areas of the premises are monitored by electronic means?			

f) Details of physical security (e.g. barred windows, caged doors etc.)	
44. Should the cash holding exceed \$100,000, please advise the circumstances, how often, and how long this amount will be held in the safe:	

**SECTION 7 – CRIMINAL, STATUTORY & CORONIAL ENQUIRY DEFENCE COSTS (Complete if required)**

45. Do You require Criminal, Statutory & Coronial Enquiry Defence Costs insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
NB. Maximum Limit \$50,000 in the aggregate any one period of insurance	
a) Are detailed WH&S Manuals issued to all staff, sub-contractors, and labour hire staff?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Do You conduct and documents WH&S training for all staff, sub-contractors and labour hire staff and does this include regular tool box meetings on site? Please provide a copy of Your WH&S training register for the last 12 months.	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Have You ever been investigated by, or notified to, any worksafe authority or regulator a matter relating to the operation of Your business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Have You ever been investigated regarding or subject to any investigation of a matter that may have resulted in criminal charges, including any WH&S breach?	Yes <input type="checkbox"/> No <input type="checkbox"/>
f) Have You ever been investigated regarding or subject to any investigation regarding an actual alleged or actual assault?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**SECTION 8 – PROFESSIONAL INDEMNITY (Complete if required)**

Please refer to the Policy wording for details of the claims made indemnity provided.		Yes <input type="checkbox"/> No <input type="checkbox"/>
46. Do You require Professional Indemnity insurance?		Yes <input type="checkbox"/> No <input type="checkbox"/>
a) Limit required:	\$1m <input type="checkbox"/> \$2m <input type="checkbox"/> \$5m <input type="checkbox"/> Other:	
b) Please provide details of professional services and/or professional design and/or advice provided?		
c) Estimated annual fees in respect to professional services and/or professional design or advice provided? If no fees, what is the estimate value of the professional services?	\$	
d) Do You have a current Professional Indemnity policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you answered YES, please provide the following details:		
e) Current insurer:		
f) Retroactive date: (attach copy of your current policy schedule)		

**SECTION 9 – GENERAL SECURITY RISK MANAGEMENT**

47. Who manages risk management and contract compliance in Your Business?		
Name		Qualifications
48. Do You operate Your Business as required and certified by Australian Standards or ISO procedures?		Yes <input type="checkbox"/> No <input type="checkbox"/>
49. Do You comply with all statutory and regulatory requirements for providing security services?		Yes <input type="checkbox"/> No <input type="checkbox"/>
50. Do You ensure workplace health & safety training is completed prior to any worker providing Your Business services?		Yes <input type="checkbox"/> No <input type="checkbox"/>
51. Do You complete site induction training at every worksite and ensure staff have been provided training on the venue owner / managers procedures?		Yes <input type="checkbox"/> No <input type="checkbox"/>
52. Do You use GPS tracking for staff performing patrols and static guard services?		Yes <input type="checkbox"/> No <input type="checkbox"/>
53. Do You perform drug and alcohol testing of all staff?		Yes <input type="checkbox"/> No <input type="checkbox"/>
54. Do Your staff operate using Body Cameras?		Yes <input type="checkbox"/> No <input type="checkbox"/>
55. Do You ensure that all staff provided by sub-contractors or labour hire providers have the required licenses provide the services You engage them to provide?		Yes <input type="checkbox"/> No <input type="checkbox"/>
56. Do You enter into contracts of service where you are responsible for the physical safety of a venue, including floor surfaces, carpark surfaces and general property maintenance?		Yes <input type="checkbox"/> No <input type="checkbox"/>

## SECTION 10 RISK MANAGEMENT – PATRON MANAGEMENT

57. Do Your onsite venue supervisor/s have minimum of 3 years of experience?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
58. Are senior staff over 30 years of age or have minimum of 5 years of experience?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
59. Do new staff (non-senior staff) work with supervisor/senior staff for a minimum of 3-month probation? Please provide and written register of testing, training, and assessment	Yes <input type="checkbox"/> No <input type="checkbox"/>	
60. Do You require Your staff to attend specific training for use in eviction techniques and practice these techniques with a qualified trainer or senior staff?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
61. Do You complete a written staffing requirement, risk management and eviction planning assessment of all venues/contracts prior to any work being performed? Please provide example copies (minimum of 2 examples)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
62. Do You have specific procedures for safe evictions developed with each venue (including protecting bystanders)? Please provide example copies (minimum of 2 examples)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
63. Are all staff required to review and complete a “walk through” of the risk management and eviction planning assessment of all venues prior to commencing duties?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
64. Do Your terms of service include clear responsibilities for glass pick up, RSA assessment, eviction and safety of floor surfaces?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
65. How do you respond if Your staff requirement, risk management and eviction planning assessment show improvements are needed at a venue and the venue will not implement the improvements?		
66. What type of incident register do You record all evictions in? Please provide example entries from the last 6 months	Digital (electronic real time)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Written logbook	Yes <input type="checkbox"/> No <input type="checkbox"/>
67. For restrained evictions:		
a) Do You use the venues main entry / exit for evictions?		Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Do You document from entry records, or otherwise, the ID of evicted persons?		Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Do You document from entry records, or otherwise, ID of persons involved in injury to other patrons?		Yes <input type="checkbox"/> No <input type="checkbox"/>
68. Do You use facial recognition software at Patron Management venues?		Yes <input type="checkbox"/> No <input type="checkbox"/>
69. Do You use ID scanning to identify patrons at Patron Management venues?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, is it linked to other venues in the vicinity of the venue or other venues where You operate?		Yes <input type="checkbox"/> No <input type="checkbox"/>



## PATRON MANAGEMENT VENUE DETAILS (Complete if required)

**Please provide the following details for Your two (2) main Patron Management locations/contracts/venues and attach separately (in addition) any venue that is more than 10% of Your total turnover. Alternatively complete the Coversure Patron Management Venues Disclosure addendum**

### **The Policy does not provide indemnity for Patron Management at Nightclub venues**

**Nightclub** - Means any premise or section of premise that:

- I. is promoted, labelled, advertised, or licensed as a nightclub; or
- II. operates any time between 1.00am and 6:00am; and
  - a) charges an entrance fee; and
  - b) employs staff or engages security personnel for patron management; and
  - c) employs staff or engages security personnel to manage the entrance to the premise; and
  - d) which has a stage, fixture or designated area, for dancing, performances or a DJ or other live entertainment.

**Patron Management** means the activities of a person who, in respect of any:

- i. licensed premise; or
- ii. public entertainment venue; or
- iii. sporting venue; or
- iv. special event; or
- v. public and/or private event and/or function.

is engaged in any of the following:

- i. controlling access to or exit including entry screening,
- ii. monitoring or controlling behaviour of anyone,
- iii. maintaining order and behaviour,
- iv. containing within or removing anyone from the premises,

Patron Management does not include checking or validating:

- i. payment for admission; or
- ii. invitations or passes allowing for admission only; or
- v. gate house access, concierge services or freight and goods delivery access services
- vi. assessing anyone for compliance with responsible service of alcohol (RSA) regulations applied to the venue,
- vii. assessing anyone for consumption or injection of drugs, intoxicants, or narcotics.
- viii. collection of glasses, plates, cutlery and other patron service equipment
- ix. assessing bathrooms / toilets for floor safety and hygiene
- x. provision of general safety reporting for car parks or floor surfaces.

**Venue Assessment Patron Management**  
 (Complete below for at least the 3 largest contracts if no more than 5 venues  
 or  
 Complete the Coversure Patron Management Venues Disclosure addendum if more than 5 venues)

What percentage (%) of Your total Patron Management turnover is derived from this venue?					%
Venue Name		Web Address	www.		
Venue Address					
For this venue provide % of time when services are provided					
Time & Day Services are provided	9am – 5pm	5pm - midnight	Midnight to 2:30	2:30am – 9am	
Monday – Thursday					
Friday - Sunday					
For this venue provide % of time when services are provided	9am – 5pm	5pm - midnight	Midnight to 2:30	2:30am – 9am	
Hotel with TAB or Poker/Gaming machines					
Hotel no TAB or Poker/Gaming machines					
Nightclub (Excluded)					
Licensed Clubs / RSL with TAB or Poker/Gaming machines					
Licensed Clubs / RSL without TAB or Poker/Gaming machines					
Non-Licensed Venue					
Private Parties in a Domestic Home					
Private Parties at Venue					
Weddings					
Arenas or concert venues					
Music Festivals Outdoor Concerts Venues					
Other (please advise description)					
Do You record evictions in an incident report log?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Average number of evictions per week in the last 12 months			
		Average number of <b>restrained</b> evictions per week in the last 12 months			
	Monday – Thursday	Friday – Sunday			
Maximum patron numbers attending:					
Number or emergency services attendances in last 12 months (Police Ambulance Fire)					
Do You have a signed contract or terms of service specifying the services You will provide?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Details of contracted duties	Patron Management	Yes <input type="checkbox"/> No <input type="checkbox"/>	Glass Collection	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Patron Eviction	Yes <input type="checkbox"/> No <input type="checkbox"/>	General Venue safety (floor surfaces, carpark surfaces)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Door Duties / ID Checks	Yes <input type="checkbox"/> No <input type="checkbox"/>	Carpark patrol	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	RSA Assessment and control	Yes <input type="checkbox"/> No <input type="checkbox"/>	Traffic Management	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Venue Assessment Patron Management**  
**(Complete below for at least the 3 largest contracts if no more than 5 venues**  
**or**  
**Complete the Coversure Patron Management Venues Disclosure addendum if more than 5 venues)**

What percentage (%) of Your total Patron Management turnover is derived from this venue?					%
Venue Name		Web Address	www.		
Venue Address					
For this venue provide % of time when services are provided					
Time & Day Services are provided	9am – 5pm	5pm - midnight	Midnight to 2:30	2:30am – 9am	
Monday – Thursday					
Friday - Sunday					
For this venue provide % of time when services are provided	9am – 5pm	5pm - midnight	Midnight to 2:30	2:30am – 9am	
Hotel with TAB or Poker/Gaming machines					
Hotel no TAB or Poker/Gaming machines					
Nightclub (Excluded)					
Licensed Clubs / RSL with TAB or Poker/Gaming machines					
Licensed Clubs / RSL without TAB or Poker/Gaming machines					
Non-Licensed Venue					
Private Parties in a Domestic Home					
Private Parties at Venue					
Weddings					
Arenas or concert venues					
Music Festivals Outdoor Concerts Venues					
Other (please advise description)					
Do You record evictions in an incident report log?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Average number of evictions per week in the last 12 months			
		Average number of <b>restrained</b> evictions per week in the last 12 months			
	Monday – Thursday	Friday – Sunday			
Maximum patron numbers attending:					
Number or emergency services attendances in last 12 months (Police Ambulance Fire)					
Do You have a signed contract or terms of service specifying the services You will provide?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Details of contracted duties	Patron Management	Yes <input type="checkbox"/> No <input type="checkbox"/>	Glass Collection	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Patron Eviction	Yes <input type="checkbox"/> No <input type="checkbox"/>	General Venue safety (floor surfaces, carpark surfaces)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Door Duties / ID Checks	Yes <input type="checkbox"/> No <input type="checkbox"/>	Carpark patrol	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	RSA Assessment and control	Yes <input type="checkbox"/> No <input type="checkbox"/>	Traffic Management	Yes <input type="checkbox"/> No <input type="checkbox"/>	

## INSURANCE HISTORY

70. In respect of any of the risks against which You wish to insure, or other prior liability policies, have You in the past 10 years, in this business or any other or any previous business, either alone or in partnership or jointly with any party, or if a corporation, any of its directors:

a) Had an insurance proposal declined, renewal refused or insurance terminated, for any reason including for non-payment of premium?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Had an increased premium or special conditions imposed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Ever been bankrupt or involved with a business that has become liquidated, bankrupt, insolvent or had administrators appointed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, is the bankruptcy due to outstanding unsatisfied loan or debt including ATO liability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Been charged with or convicted of any civil or criminal offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Been charged with violence occurrence or have an AVO?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered "Yes" to any of the above, please give details (or attach a separate sheet if there is insufficient space):

f) Please confirm prior insurers for last 3 years, including policy period dates.

## CLAIMS HISTORY

**(These questions apply to all sections of the policy)**

71. Has any claim occurred or been reported in the last 10 years against the Insured or any principal, partner, or director (either as a principal, partner or director of the Insured or any other business or any previous business), consultant or employee in respect of the risks to which this proposal relates?	Yes <input type="checkbox"/> No <input type="checkbox"/>
72. Is the Insured or any principal, partner, director, consultant, or employee aware of any other incident(s) that have occurred in the last 10 years that may give rise to a claim against You, whether the subject of insurance or not?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If You have answered yes to either of the above questions, please complete the table below:

Date of Claim or Loss	Nature of each Claim or Loss	Estimated Outstanding Loss	Name of Insurer

63. What action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss?

## INSURANCE DECLARATION & AGREEMENT

I/We declare in relation to the facts, statements and particulars contained in this proposal as follows:

Name of Business:

Signature/s:

*(This Proposal should be signed by a Principal, Partner or Director of Proposed Insured)*

Title of Signatory:

Full Name of Such Person:

Date of Signing:

## INSURANCE DECLARATION & AGREEMENT – BROKER SIGNED PROPOSAL

At Coversure we understand and recognise that brokers are required to have completed a “know your client assessment” and have a close relationship with their clients.

We have noted that in preparing the submission for this insurance, you have completed the documentation on behalf of your client. Coversure understands that this would have been done with the express agreement and instruction from your client.

Coversure, and its underwriters, rely on the accuracy of all information and declaration provided to us. In doing so, we are also relying that there are no omissions made in the information provided. Your attention is drawn to Your Duty of Disclosure outlined in the Important Notices provided in the Coversure proposals and policy documents.

Coversure strongly suggests that all information provided to us as part of the insurance submission is verified by your client to avoid any of the consequences of non-disclosure. Coversure has a commitment to provide contact certainty to all of its customers and we ask your assistance in helping us achieve this outcome. Coversure does accept digitally time stamped electronic signatures executed through PDF in addition to handwritten signatures to expedite the declaration process.

I/We declare in relation to the facts, statements and particulars contained in this proposal as follows:

- I/We have made all reasonable and necessary enquiries;
- I/We confirm that to the best of our knowledge and belief, they are true and complete;
- No material facts have been omitted, misstated, misrepresented or suppressed; and
- Should any of the information given by us alter between the date of this proposal and inception date of the insurance to which this proposal relates, we will give immediate notice thereof to the insurer.

I/We acknowledge receipt of the Important Notices on Page 1 and 2 contained on this Proposal Form and that we have read and understood the content of those Notices.

I/We confirm that we are authorised by the Company and its Directors to complete, sign and submit this proposal on behalf of the Company and its Directors.

Name of Authorised Representative Group:

Full Name of Broker signing on behalf of their client:

Broker's Signature/s:

Title of Signatory:

Date of Signing: