

INSURED DETAILS

Insured Name			
Policy Number		Expiry Date	
Date Cover to Commence			

SUB-CONTRACTOR DETAILS

Name of Sub-Contractor			
Security Experience / Qualifications			
What activities will you be carrying out for the Insured?			
Estimated payments received by Insured		\$	

INSURANCE HISTORY

In respect of any of the risks against which you wish to insure, have you in the past 5 years, in this business or any previous business, either alone or in partnership or jointly with any party, or if a corporation, any of its directors:

Suffered any loss, destruction or damage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Had any Insurer decline any claims submitted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Had any Insurer decline any Proposals submitted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Had any Insurer cancel or refuse to renew a Policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Had any Insurer require any increased premium or imposed special conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ever been bankrupt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ever been convicted of or charged with any civil or criminal offence?	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)		

CLAIMS HISTORY

Detail all insurance claims made in the last five years together with all other incidents notified, which may give rise to claims, whether the subject of insurance or not. Please include dates and amounts. (If insufficient room, please include on a separate sheet). It should be noted that all known or reported incidents are to be reported when completing this proposal as failure to do so may prejudice this insurance policy.

DATE OF INCIDENT	DESCRIPTION OF INCIDENT	AMOUNT (\$)	NAME OF INSURER

SIGNATURE OF INSURED & SUB-CONTRACTOR

Name		Signature	
Position		Date	
Name		Signature	
Position		Date	