



1300 360 908  
COVERSURE PTY LTD  
ABN 84 413 814 665  
AFSL 407505

## Key Cover Extension Questionnaire

### INSURED DETAILS

Insured Name :			
Policy Number:		Expiry Date:	
Maximum Key Cover Required:	\$	Effective Date of Increase:	
Reason for the Increase:			

### INFORMATION

No. of Keys Held:		How Many Sets of Keys:	
Number of Venues Covered?			
How many Staff Members have Sets of Keys?			

### RISK MANAGEMENT

What systems / procedures are in place to protect keys?
During Patrols?
While out of the vehicle
After Hours?

### SIGNATURE OF INSURED

Name		Signature	
Position		Date	