



WYMARK

INSURANCE BROKERS PTY. LTD.

ABN 11 010 863 966 AFS Licence No. 238769

Level 4 12 Short Street Southport QLD 4215

PO Box 2310, Southport, QLD 4215

Security Agents – Combined Money Carry, Money In Safe, General Property Insurance Application

Policy No.		Client No.		Intermediary No.	10 0005477
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Period of Insurance	From	/	/	To	/	/	At 4pm
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The Applicant(s)

Name(s) In Full								
Trading Name								
Postal Address						P/Code		
Tax Status - Registered Business	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ABN No.			Taxable	%	
Phone				Fax				
Email Address								
List Officers/Directors and relevant security experience								
Situation of Business							P/Code	
Premises (if not above)								

Section 1 – Money In Transit

Limit of Indemnity (Transit including pavement)	\$
% of Overall Turnover from Money Carry Activities	%
Gross Revenue Derived from Money Carry	\$
What is the average amount of money carried at any one time	\$
Do your operations involve accumulating money or is pick-up and drop-off utilised	<input type="checkbox"/> Accumulating
	<input type="checkbox"/> Pick-up/Drop off
Describe screening checks conducted on employees (attach a separate page if necessary)	
Describe nature of radio communication system used by firm	
<u>Important Conditions:</u>	
<ul style="list-style-type: none"> - Armoured vehicles are not required under this cover, however all persons are to carry firearms and be appropriately licenced. - There are to be no less than two persons to be employed in any transit over \$50,000 any one carry. - Theft from unattended vehicle is not covered. - Misappropriation by guard (ie Fidelity) is not covered. - This policy is not to be used as a primary layer or excess layer to any other policy. 	

Section 2 – Money In Safe

Sum Insured (Money In Locked Safe)				\$	
Sum Insured (Damage to Safe)				\$	
Safe Address (If Not Above)				P/Code	
Residential or Industrial Area?					
Trading Hours of Business					
Construction of Premises	Walls		Roof		Floor
Full Security details of Building perimeter (Eg. Alarm System, back up type, Doors, Windows, Patrols)					
Full Security details of Safe holding Room (eg. Sensors, Panic Buttons, Alarm)					
Business experience (Brief description)					

Details of Safe

Year, Make, Model					
Is there a hold up plan in place				Yes	No
Fire Rating					
Locking Process					
Number of Locking Points		Thickness of Door			
Height, Width, Depth of Safe		Is it fixed to the floor		Yes	No
Who has access to the safe					
Is it Torch or Drill Resistant					
If your insurer wishes to carry out a survey, whom do we contact		Name		Phone	

Section 3 – General Property (Eg. Two Way Radios, Batons, Torches, Belts, Firearms)

General Property Cover is restricted to whilst being worn/carried or in an approved safe

*** Unspecified Items** (Excluding Firearms)

Cover Restricted to \$500 any one item

Sum Insured

\$

*** Specified Items** - Items over \$500 any one item (Excluding Firearms)

(if insufficient space please attach separate page)

Description	Model / Serial #	Sum Insured
		\$
		\$
		\$
		\$
Sum Insured		\$

*** Firearms** (Please provide full description of each firearm to be covered below) (if insufficient space please attach separate page)

Make	Model	Serial Number	Permit #	Sum Insured
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
Sum Insured				\$

TOTAL SUM INSURED

\$

Exceptional Circumstances	
Is there any other information, which is special or individual to you that may be relevant to us deciding whether to insure you? If so please advise details; Yes <input type="checkbox"/> No <input type="checkbox"/>	

General Information

1.	Have you, or any of your Directors, Partners, Employees, Sub-Contractors, Partnership or Company ever been charged with a criminal offence? <i>If Yes, Please provide details (attach separate page if necessary)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.	Who was your previous insurer?		
3.	Have you or with any other person, partnership or company ever had an insurance policy: <i>If Yes, Please provide details</i>	Cancelled	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Renewal refused	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Proposal Declined	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Declined a Claim	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Have you ever sustained loss or damage or theft. <i>If Yes state; when, the items and/or amount stolen, name of Insurer, method of entry, and steps taken to prevent recurrence.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

IMPORTANT INFORMATION

PRIVACY ACT 1988

The Privacy Act 1988 requires us to tell you that as an insurance broker we collect your personal and other information in order to:

- * decide whether to issue a policy
- * determine the terms and conditions of your policy
- * compile data;
- * handle claims

We disclose personal information to third parties who we believe are necessary to assist us and them in providing relevant services and products. For example, in handling claims, we may have to disclose your personal and other information to third parties such as insurers, loss adjusters, investigators, agents and others involved in the claims handling process, or as required by law. We limit the use and disclosure of any personal information provided by us to them to the specific purpose for which we supplied it. If you do not agree to the collection of your personal information then unfortunately we will be unable to process your proposal.

IMPORTANT MATTERS REFERRED TO IN THE INSURANCE CONTRACTS ACT 1984

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with us, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer broker every matter that you know, or could reasonably be expected to know, is relevant to the insurer (s) decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate your contract of general insurance.

Your duty does not however, require disclosure of matters

- that diminishes the risk to be undertaken by us;
- that are of common knowledge;
- that we know or, in the ordinary course of your business ought to know;
- as to which compliance with your duty is waived by us.

The Duty of Disclosure applies to all persons to be insured. You should make sure all such persons give proper disclosure.

NON-DISCLOSURE

If you fail to comply with your duty of disclosure, your Insurer may be entitled to reduce our liability under the Contract in respect of a claim or may cancel this Contract. If your non-disclosure is fraudulent, we may also have the option of avoiding the Contract from its beginning.

DECLARATION

This declaration applies to all the insurance that your are applying for in this proposal; I / WE declare that I / WE have

- (a) Checked the statements in this Proposal Form and ensure that they are true.
- (b) I / We have disclosed all matters which to my / our knowledge you should be aware of.
- (c) That I / We have read and agree to accept the terms, exclusions, conditions and limitations of the Insurance Policy.
- (d) That any answer not in my own handwriting have been checked by me / us and are correct.
- (e) The signatories appearing below are authorised to sign on behalf of all proposers.
- (f) Have you fully read, understood, complied with and agree to the above Important Information.

Applicant's Signature		Date	/	/
Applicants Title				
Applicant's Signature		Date	/	/
Applicants Title				