



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
Ph – 07 5591 1277 Fax – 07 5532 9446

Security Agents – Broadform Liability Insurance Application

Policy No.		Client No.		Intermediary No.	10 0005477
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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					
Period of Insurance	From	/	/	To	/ / At 4pm

General Information

Total Annual Turnover	\$					
Limit of Liability	<input type="checkbox"/>	\$5,000,000	<input type="checkbox"/>	\$10,000,000	<input type="checkbox"/>	\$20,000,000

Company Details

Address(es) of branch office / depots / operating bases			P/Code	
How many years experience in the security industry		How long has this business been operating for		
Describe all security checks taken on all new staff				
Are you represented outside of Australia?	<i>If Yes, Please provide details</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a member of any associations? If YES whom				

Occupation

% of Turnover

General Security Work	
Crowd Control	
Security System Installations	
Traffic Control	
Other Activities (please provide details)	

TOTAL 100%

Do you use Dogs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you use Guns?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Work Venue - Split of Activities

Clubs/Nightclubs or Hotels	%
Sporting Venues	%
Commercial Premises	%
Industrial Premises	%
Domestic Premises	%
Other (please provide details)	%
TOTAL	100%

Do you provide Airport Security? <i>If Yes, Please provide details (Including Turnover)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you provide Traffic Control Activities? <i>If Yes, Please provide details (Including Turnover)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Warning

Licensing – Cover is conditional upon full compliance with all relevant statutory licensing requirements applicable to activities performed.

Weapons & Protection Items – Cover is conditional upon compliance with all relevant statutory requirements applicable to the use, storage, and otherwise of Firearms, Dogs, Batons and like equipment used in the course of your business.

Training – Cover is conditional upon all personnel having achieved relevant statutory levels of training applicable to activities to be performed.

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"/>
4.	Have you, or any of your Directors, Partners, Employees, Sub-Contractors, Partnership or Company ever had a claim made against you (whether insured or not)? <i>If Yes, Please provide details (attach separate page if necessary)</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 us every matter that you know, or could reasonably be expected to know, is relevant to our 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;
- that we have told you we do not want to know.

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, we may be entitled to reduce our liability under the policy in respect of a claim or may cancel the policy. If your non-disclosure is fraudulent, we may also have the option of avoiding the policy from its beginning.

DECLARATION & SIGNATURE

This declaration applies to all the insurance that you are applying for in this proposal; by signing below 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 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 fully read, understood, complied with and agree to the above Important Information

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

Insurer: QBE Insurance (Australia) Limited ABN 78 003 191 035, AFS Licence No. 239545