

# Genesis Security Industry Proposal



## CONTACT AND INFORMATION DETAILS

Brokerage \_\_\_\_\_

Contact details for Genesis Underwriting Agency are:

### Genesis Underwriting Pty Ltd

Po Box 1369, Manly NSW 1655

Phone - 02 8412 3500

Fax - 02 8412 3599

Genesis Underwriting respects your privacy and complies with the Privacy Act and the Australian Privacy Principles. A copy of Genesis Underwriting's privacy information is available from our website at [www.genesisuw.com.au](http://www.genesisuw.com.au)

### Your Duty of Disclosure

Section 21 of the Insurance Contracts Act 1984 provides that before You enter into a contract of general insurance with an Insurer, You have a duty to disclose to the Insurer 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 the insurance and, if so, upon what terms. You have the same duty to disclose those matters to the Insurer before You renew, extend, vary or reinstate a contract of general insurance.

However, Your duty of disclosure does not require You to disclose matters that:

- diminish the risk to be undertaken by the Insurer;
- that are of common knowledge;
- that Your Insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with Your duty is waived by the Insurer.

This duty of disclosure continues after this application form has been completed up until the Period of Insurance commences.

### Consequences of Non-Disclosure

If You fail to comply with Your duty of disclosure, the Insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If Your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

### Material Change in Risk:

You should advise Genesis of any material change to the risk, for example moving to a different location.

## BUSINESS

**Named Insured** First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Company Name \_\_\_\_\_

ABN \_\_\_\_\_ Current Insurer \_\_\_\_\_

**Period of Insurance** From \_\_\_\_\_ To \_\_\_\_\_ Expires 4pm est

**1. SITUATION ADDRESS**

Number, Street Address \_\_\_\_\_

City / Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

**2. FULL DESCRIPTION OF YOUR BUSINESS ACTIVITIES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. YEARS IN OPERATION**

This Business \_\_\_\_\_ Years Any Other Business \_\_\_\_\_ Years

If a New Venture, what experience does the applicant have in this line of business:

\_\_\_\_\_

**4. HAVE YOU OR ANY DIRECTOR/ PARTNER/ MANAGER OF THE BUSINESS EVER**

- a) had insurance declined or cancelled?  Yes  No
- b) had an insurer refuse or not invite renewal?  Yes  No
- c) had any special conditions imposed on a policy of insurance?  Yes  No
- d) had a special excess imposed on a policy of insurance?  Yes  No
- e) had a claim rejected under a policy of insurance?  Yes  No
- f) been declared bankrupt or put into receivership or liquidation?  Yes  No
- g) been charged with or convicted of a criminal offence?  Yes  No
- h) any other matters you should disclose? (see 'Your Duty of Disclosure')  Yes  No

If you answered 'Yes' to any of the above questions, please provide complete details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. CLAIMS HISTORY**

In the last 5 years have you sustained loss or damage (insured or not) of a type against which insurance is now being sought, for all sections of the policy noted in this form? If 'Yes' – Please provide further details  Yes  No

Insurer	Date	Details	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(If insufficient space , please provide full details at the end of this document)

**6. ESTIMATE ANNUAL TURNOVER \$ \_\_\_\_\_**

Turnover split by major business activity.  
 (Where the business is conducted in more than one State, we will require a split of turnover by State).

State	Actual Last 12 Months	Estimate for 12 Months
_____	\$ _____	\$ _____

**7. BUSINESS ACTIVITY \_\_\_\_\_**

(Please provide Business Activity Percentage Split – Page 4)

**8. ARE YOU A MEMBER OF A TRADE OR PROFESSIONAL ASSOCIATION?  Yes  No**

If Yes, please provide name: \_\_\_\_\_

**9. DO YOU ENGAGE PERSONNEL FROM LABOUR HIRE COMPANIES (OTHER THAN CONTRACTORS MENTIONED IN QUESTION BELOW)?  Yes  No**

	Actual Last 12 Months	Estimate for 12 Months
Payment to Labour Hire Companies or other parties	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

(a) Number of Labour Hire people? \_\_\_\_\_

(b) Type of work undertaken? \_\_\_\_\_

**10. DO YOU ENGAGE CONTRACTORS OR SUB-CONTRACTORS? (IF 'YES', PLEASE ESTIMATE ANNUAL CONTRACT VALUE SPLIT BETWEEN)  Yes  No**

	Actual Last 12 Months	Estimate for 12 Months
(a) Labour only	\$ _____	\$ _____
(b) Labour and Services	\$ _____	\$ _____
(c) Labour and Materials	\$ _____	\$ _____
(d) Type of work undertaken	_____	_____

**11. BUSINESS ACTIVITY PERCENTAGE - MUST EQUAL 100%**

Design &/or alteration of security & Fire Systems	%
Installation of Security & Fire systems	%
Security and Fire Systems Consultants	%
Maintenance of Security & Fire Systems	%
Manufacture of Security & Fire Systems	%
Monitoring of alarms	%
Responding to alarms	%
Investigation / Inquiry Agency	%
Money Carriers	%
Debt Collectors	%
Provisions of Security Guards / Personnel	%
Traffic Controller	%
Mobile Patrols	%
Static Guarding	%
Body Guarding	%
Security Consultant	%
Security Training Services	%
Crowd Control Non-Nightclubs:	%
RSL / Services Clubs	%
Sporting Venue	%
Bowling Clubs / Golf clubs	%
Shopping Centre	%
Non-Licensed Premises	%
Licensed Premises	%
Crowd Control With Nightclubs	%
100% Crowd Control With Nightclubs:	%
Crowd Control Other, confirm details:	%
Use of Firearms	%
Firearm Training	%
Use of Dogs	%
Guard Dog Training and or breed and or sale of guard dogs	%
Domestic Cleaners	%
Commercial Cleaners ( Excluding Shopping Centre)	%
Any Other, please confirm	%
<b>Total</b>	<b>100%</b>

If this is a renewal, are there any changes in your operation from last renewal?  Yes  No

Comments and notes:

---



---

**12. INDICATE BELOW IF YOU PROVIDE PRODUCTS OR SERVICES IN CONNECTION WITH ANY OF THE FOLLOWING:**

- |  |  |
|--|--|
| <input type="checkbox"/> Airports  | <input type="checkbox"/> Oil & Gas Industry              |
| <input type="checkbox"/> Ships/Vessels   | <input type="checkbox"/> Detection of Drugs / Explosives |
| <input type="checkbox"/> Port Authorities  | <input type="checkbox"/> Armed Employees                 |
| <input type="checkbox"/> Concerts (confirm maximum daily attendance)   | <input type="checkbox"/> Consulting                      |
| <input type="checkbox"/> Special Events  | <input type="checkbox"/> Crowd Control                   |
| <input type="checkbox"/> Licensed Premises   | <input type="checkbox"/> State, Federal Government       |
| <input type="checkbox"/> Labour Dispute or Strike  | <input type="checkbox"/> Prison or Detention Centres     |
| <input type="checkbox"/> Environmentally Sensitive Clients   |  |
| <input type="checkbox"/> Private Events (weddings, bucks/hens evenings, under 18 year old parties, or similar) |  |
| <input type="checkbox"/> VIP Protection (ie., political figures, movie sets) or Bodyguard                      |  |
| <input type="checkbox"/> Passenger Screening Body Searches and Purse / Bag checks                              |  |

Provide details of your products or services for EACH item you checked above:

---



---



---

**Use of Firearms**

- Does the applicant work activities involve the use of firearms?  Yes  No
- If yes:
- Percentage of work: \_\_\_\_\_ Does the applicant require cover:  Yes  No
- Number of Guards licensed to carry and use Firearms: \_\_\_\_\_
- Confirm the maintenance procedures for firearms annually: \_\_\_\_\_
- Has the applicant or license holder been suspended from holding a Firearm License:  Yes  No

**Use of Guard dogs**

- Does the applicant work activities involve the use of Guard Dogs?  Yes  No
- If yes:
- Percentage of work: \_\_\_\_\_ Does the applicant require cover:  Yes  No
- Are all Guard Dogs professional Trained, prior to Guard Dogs Services: \_\_\_\_\_
- Confirm the breed of Guard Dogs engaged: \_\_\_\_\_
- Are all Guard Dogs kennelled when not being used: \_\_\_\_\_
- Advise address where Guard Dogs are Kennelled: \_\_\_\_\_

**13. PRE-EMPLOYMENT SCREENING PROCEDURES. DO YOU:**

- |                                    |  |                 |  |
|------------------------------------|--|-----------------|--|
| Check for criminal records         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Fingerprint?    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Check with previous employers?     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Driving record? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reading, writing, English fluency? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Drug Testing?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Describe your screening procedures:

---



---

**14. DESCRIBE YOUR MINIMUM EDUCATIONAL, TRAINING AND EXPERIENCE REQUIREMENTS FOR EMPLOYEES:**

---

**15. DO YOU HAVE A TRAINING PROGRAM IN PLACE FOR EMPLOYEES?**  Yes  No

If Yes, what does it entail?

---

Provide number of Supervisors:

Describe your supervisory procedures:

Describe your incident reporting procedures:

---

---

**16. CONTRACTUAL LIABILITY**

Coverage for liability assumed under agreement or contract will be limited to lease liability or liability assumed under a warranty of fitness or quality as regards your products, or specifically agreed contracts.

Do you accept liability or hold others harmless / give away your legal rights (other than lease liability)?  Yes  No

If 'Yes', please provide details and attach copies of all agreements (other than lease liability). Coverage will be provide only if specifically agreed by Genesis.

---

---

---

**17. PUBLIC AND PRODUCTS LIABILITY**

Limit of Indemnity required: Public Liability \$ \_\_\_\_\_ Products Liability \$ \_\_\_\_\_

(any one occurrence and in the aggregate per period of Insurance Products)

Deductible \$ \_\_\_\_\_ (each and every claim)

Property in your Care Custody and Control (Sublimit \$100,000 included): Higher Limit \$ \_\_\_\_\_

( Higher limits are not automatically included and subject to additional premium and acceptance by Genesis Underwriting)

Loss of Keys (Sublimit \$100,000 included): Higher Limit \$ \_\_\_\_\_

( Higher limits are not automatically included and subject to additional premium and acceptance by Genesis Underwriting)

Errors & Omissions ( Sublimit up to \$1,000,000 included): Confirm sublimit required \$ \_\_\_\_\_

( Higher limits are not automatically included and subject to additional premium and acceptance by Genesis Underwriting)

Please confirm the activities in relation to Errors & Omissions:

---

---

**18. PLEASE INDICATE OPTIONAL ENDORSEMENT EXTENSIONS REQUIRED:**

(Note, the following Endorsement Extension are not automatically covered)

*Cash in Transit - Endorsement Extension 2:*

Is Cash in Transit Endorsement Extension required:  Yes  No

If yes please confirm below:

Note: where Cash in Transit exceeds \$50,000 you must have two armed persons engaged

a) Have you had a claim in the last 5 years:  Yes  No

If yes please advise: \_\_\_\_\_

b) How many carries per week: \_\_\_\_\_

c) What is the average any one carry: \$ \_\_\_\_\_

d) What is the maximum any one carry: \$ \_\_\_\_\_

e) How often will carry limit \$100,000: \_\_\_\_\_

*Cash in Safe - Endorsement Extension 3:*

Is Cash in Safe Endorsement Extension required:  Yes  No

If yes, please confirm below:

a) Have you had a claim in the last 5 years:  Yes  No

If yes please advise: \_\_\_\_\_

b) Address where the safe is located: \_\_\_\_\_

c) Confirm the maximum amount to be insured at each locations: \$ \_\_\_\_\_

d) Where the safe is located, confirm construction:

a. Walls \_\_\_\_\_

b. Roof \_\_\_\_\_

c. Floor \_\_\_\_\_

d. Is safe on ground level or other level \_\_\_\_\_

e) Provide full safe specifications and manufactures cash rating for the safe being used

(Thickness/drill resistant/fixed to the floor/heat resistance): \_\_\_\_\_

f) Full details of the Security (perimeter fencing, external night lighting, barred windows, security doors)

and Alarm systems at the safe location: \_\_\_\_\_

g) Is the location installed with a Alarm a Back to Base: \_\_\_\_\_

h) How many staff are entrusted with the safe combination and location alarm codes: \_\_\_\_\_

i) Will the cash in safe exceed \$150,000, if so, confirm the period of time the amount will be held in the safe:

\_\_\_\_\_

*Criminal Defence Legal Costs and Expenses - Endorsement Extension 4*

Is Criminal Defence Legal Costs and Expenses required:  Yes  No

a) Note, The maximum limit will not exceed \$50,000 in the aggregate any one period of insurance.

b) Have you had a claim in the last 5 years:  Yes  No

If yes please confirm details: \_\_\_\_\_

Statutory Liability - Endorsement Extension 5

Is Statutory Liability Endorsement Extension required:  Yes  No

If yes, confirm the below: \_\_\_\_\_

a) Confirm the Limit required for this Extension: \_\_\_\_\_

b) Have you had any fines or penalties in the last 5 years:  Yes  No

If yes provide details below:

Date of Fine \_\_\_\_\_ Amount \$ \_\_\_\_\_

Offence \_\_\_\_\_

Date of Fine \_\_\_\_\_ Amount \$ \_\_\_\_\_

Offence \_\_\_\_\_

Date of Fine \_\_\_\_\_ Amount \$ \_\_\_\_\_

Offence \_\_\_\_\_

Professional Liability - Endorsement Extension 6

Note: Where a fee is charged there is no cover under the Public and Products Liability, including Errors and Omissions endorsement and a separate Professional Indemnity Policy or Extension will be required.

Is Professional Liability - Endorsement Extension required:  Yes  No

If yes, confirm the below:

a) Please provide details of professional services and or advice provide for a fee: \_\_\_\_\_

b) Estimated annual fees in respect to professional services / advice provided: \_\_\_\_\_

c) Do you currently have a PI Insurance:  Yes  No

If yes, please confirm:

a. Current Insurer \_\_\_\_\_

b. Retro-Active Date \_\_\_\_\_

c. Forward a copy of your current Policy Schedule

d) Are you aware of any circumstance during the last 5 years which would give rise to a claim in respect to Professional Indemnity ?

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# IMPORTANT INFORMATION

## SUBROGATION CLAUSE

This Policy contains provisions which have the effect of excluding or limiting the Insurer’s liability in respect of a Loss where You have prejudiced the Insurer’s rights of subrogation, where You are a party to an agreement which excludes, or limits the Insurer’s rights to recover the Loss from another party.

## DECLARATION

Please Note: Signing the Declaration does not bind You or the Insurer to complete this insurance. I declare that I have made all necessary inquiries into the accuracy of the responses given in this application and confirm that the statements and particulars given in this application are true and complete and that no material facts have been omitted, misstated or suppressed. I agree that should any of the information given by me alter between the date of this application and the inception date of the insurance to which this application relates, I will give immediate notice thereof to the insurer.

I acknowledge receipt of the Important Notice contained in this application form and that I have read and understood the content of that Notice. I confirm that I am authorised by the Company and its Directors to complete, sign and submit this application on behalf of the Company and its Directors.

Name	Title
_____	_____

Signature	Date (YY/MM/YY)
_____	_____

# ADDITIONAL NOTES

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

# ADDITIONAL DOCUMENTS

If you have any additional documentation please attach copies to this form.