



INNOVATIVE INSURANCE SOLUTIONS

PROPOSAL FORM

**SUPPLIERS and INSTALLERS of FIRE ALARMS,
INTRUDER ALARMS, and other security equipment**



Insurance Brokers . Underwriting Agents
Lloyd's Brokers . Independent Financial Advisers

PROPOSAL FORM

For Suppliers and Installers of Fire and Intruder Alarms and other Security/Fire Equipment

1. Full name of Proposer including all trading names, group companies and subsidiaries that are to be covered by the policy
.....
.....
Address.....
.....
Tel No and Person to contact
Facsimile No
Email Address
2. Date Established
3. Please list the names, dates of birth and background of all the Company Directors/Partners including number of years experience in the Security Industry
.....
.....
.....
4. If you require Employers' Liability cover, please supply your Employer PAYE Reference(s).
(This information is required for us to provide Employers' Liability cover. Where you have more than one PAYE Reference, please advise each one making it clear which company they apply to)
.....
5. If you do not have a PAYE Reference, please confirm that you are exempt and give the reason.
.....
.....
6. (a) Are you a member of any Regulatory Body or Trade Association?
If so, please provide details
.....

(b) If not already a member, have you applied or is it your intention to apply for membership of any Regulatory Body or Trade Association
If so, please provide details
.....

(c) Are you SIA Approved Contractors?
.....
7. Business Description

8. Do you undertake or are you likely to undertake any work
- | | |
|---|--------|
| (a) Outside England, Scotland, Wales, the Channel Islands or the Isle of Man? | YES/NO |
| (b) Airside (except work inside terminal buildings?) | YES/NO |
| (c) Offshore? | YES/NO |
| (d) Trackside? | YES/NO |

If answer to any of the above is "YES" please provide details

.....

.....

9. What products are supplied/installed?

.....

10. Do you obtain a signed acceptance of your Conditions from all customers for whom work is undertaken? YES/NO

11. PLEASE SUPPLY A COPY OF YOUR STANDARD CONDITIONS. COVER UNDER PRODUCTS (EFFICACY) LIABILITY IS SUBJECT TO THE UNDERWRITERS APPROVAL OF YOUR CONDITIONS

12. ESTIMATED ANNUAL TURNOVER

- | | |
|---|--------|
| (a) Manufacture of Alarm System Components | |
| (i) Intruder | £..... |
| (ii) Fire | £..... |
| (b) Installation and servicing of Alarm Systems | |
| (i) Intruder | £..... |
| (ii) Fire | £..... |
| (c) Central Station Monitoring Services: | |
| (i) Fees collected to connect to monitoring station | £..... |
| (ii) Operation of own Central Station | £..... |
| (d) Keyholding | £..... |
| (e) Installation and servicing of | |
| (i) CCTV | £..... |
| (ii) Door Entry Systems | £..... |
| (f) Sprinkler Systems | £..... |
| (g) Physical Security | £..... |
| (h) Supply, Maintenance, Installation of Fire Extinguishers | £..... |
| (i) Electrical Contracting | £..... |
| (j) Other work – Please describe | |
| | £..... |
| | |
| TOTAL TURNOVER | £..... |

Do you undertake any installation involving computer suites or wire-free alarm systems?.

If "yes" please describe

YES/NO

.....

11. INSURANCE SECTIONS REQUIRED

		Limit of Indemnity
(a) Employers Liability	YES/NO	£10,000,000
(b) Public Liability	YES/NO
(c) Efficacy/Contractual Liability	YES/NO
(d) Products Liability	YES/NO
(e) Products (Efficacy) Liability (including Wrongful Advice)	YES/NO
(f) Fidelity Guarantee Insurance (NACOSS Approved Companies)	YES/NO

12. STAFF (including Labour Only Sub-Contractors)

	Number of Employees	Estimated Annual Wageroll
(a) Clerical, Administrative and Non-Manual staff		
(b) All Others		
(c) Bona-Fide Sub Contractors		

13. SUB-CONTRACTORS

- (a) Do you employ any Sub-Contractors? YES/NO
- (d) Do you ensure that the Sub-Contractors maintain Employers Liability and Public/Products/Products (Efficacy) Liability Insurances with Limits of Indemnity no less than the Limits proposed under this Insurance? YES/NO

14. SCREENING PROCEDURES/TRAINING OF STAFF

- (a) Please specify your procedures for obtaining references for
- (i) Engineers, Surveyors, Draftsmen etc
- (ii) All other Employees
- (b) If you are a Member of NACOSS/BSIA/IPSA/ISI please confirm that you comply with the appropriate requirements concerning screening of staff YES/NO

(c) Are all your Surveyors and Engineers adequately experienced and trained?

YES/NO

15. PERSONAL ACCIDENT INSURANCE

Do you require Personal Accident Insurance?

YES/NO

If yes please state

(a) Do you require 24 hour cover?

YES/NO

(b) Do you require Insurance restricted to occupational accidents only including travelling to and from work?

YES/NO

(c) Please state number of persons to be insured and brief description of the work undertaken

.....
.....

(d) The sum insured required per person for death and capital benefits

£.....

(e) The sum insured required per person for temporary Total disablement

£.....

(f) Are all persons to be insured physically fit?

YES/NO

If not please give details

.....
.....

16. CLAIMS HISTORY

Have any claims been made upon you or notified (whether insured or not) in respect of any of the above mentioned risks during the past five years?

YES/NO

If yes, please provide the following details

YEAR	Brief Details and Type of Claim	Amount Paid	Amount Outstanding

17. LONG TERM UNDERTAKING

Are you willing to enter into an Undertaking whereby you undertake to retain the Insurances with the Underwriters for three years subject to there being no increase in the rates. (A discount is available in respect of this undertaking).

YES/NO

If YES, please read and sign the Undertaking below.

In consideration of the Underwriters agreeing to allow a discount on the premiums relating to the policies based on this proposal form, we undertake to renew annually for three years the insurances based on the terms and conditions in force at the commencement of the insurance, and to pay the premiums thereon annually. The Company shall be under no obligation to accept an offer made in accordance with the above mentioned undertaking. It is understood that the premiums may be varied depending on alteration in the Turnover, Sums Insured or changes in benefits.

Signed

Position

18. PREMISES

Would you like us to arrange cover for the following:-

Buildings/Office or Trade Contents/Stock/Loss of Profits/Own Money?

YES/NO

If Insurance is required for any of the above items, the Underwriters will need additional information on a supplementary proposal form

19. PRESENT/PREVIOUS INSURANCES

(a) Name of Brokers and/or Insurers

.....

(b) Renewal Date

20. GENERAL

(a) Has an Insurer ever:

(i) Declined to accept any Insurance for which you are now proposing?

YES/NO

(ii) Cancelled or refused to renew a Policy?

YES/NO

(ii) Required an increased premium or special terms

or restrictions?

YES/NO

(b) Have you the Proposer or any Partner or Director ever been convicted of or charged (but not yet tried) with a criminal conviction

YES/NO

(c) To your knowledge, has any Employee ever been convicted of or charged (but not yet tried) with a criminal offence?

YES/NO

(d) Have you the Proposer or any Partner or Director even been declared bankrupt or insolvent or been disqualified from being a company director or been involved as owner Director or Partner with any company which went into receivership, administration or liquidation?

YES/NO

If yes to any of the above, please give details:

.....
.....

I/WE DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND I/WE HAVE NOT CONCEALED ANY MATERIAL FACT THAT OUGHT TO BE KNOWN OR ADVISED TO THE UNDERWRITERS.

I/WE AGREE THAT ANY VARIATION IN PRACTICE AND/OR EQUIPMENT AND/OR PROCEDURES WILL NOT BE MADE WITHOUT THE KNOWLEDGE AND AGREEMENT OF THE UNDERWRITERS.

I/WE WARRANT THAT THE ABOVE STATEMENTS ARE TRUE AND AGREE THAT THEY SHALL BE THE BASIS OF THE PROPOSED CONTRACT BETWEEN THE UNDERWRITERS AND MYSELF/OURSELVES AND BE INCORPORATED THEREIN.

I/WE FURTHER AGREE TO RENDER AT THE END OF EACH PERIOD OF INSURANCE A STATEMENT OF ALL WAGES AND/OR SALARIES ACTUALLY EXPENDED AND/OR TURNOVER RECEIVED AND TO PAY ANY EXCESS PREMIUM DUE.

IT IS FURTHER WARRANTED THAT CONTINUED ACCURACY OF THE ABOVE STATEMENTS, PARTICULARS AND ANSWERS SHALL BE A CONDITION PRECEDENT TO LIABILITY UNDER THE PROPOSED INSURANCES.

SIGNED

POSITION

DATE