



INNOVATIVE INSURANCE SOLUTIONS

PROPOSAL FORM

DOOR SUPERVISORS and STEWARDS



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

PROPOSAL FORM FOR DOOR SUPERVISORS AND STEWARDS

Full name of Proposer including all trading names, group companies and subsidiaries that are to be covered by the policy

Address

Telephone No

Fax No

Email address

Please list names and dates of birth and background of all company Director/Partners

Date Established

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)

If you do not have a PAYE Reference, please confirm that you are exempt and give the reason

Are you a member of any association? If so, please provide details

1. EMPLOYERS LIABILITY

Is cover required for Employers' Liability?

Yes No

If YES, please provide the following details:

Type of Employee	Number	Estimated Wages
Clerical/Managerial		
Door Supervisor/Security Staff		

Sub Contractors:

a) Do you employ any Sub-Contractors? (If Labour Only, please include under Employers' Liability section)

YES/NO

b) 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

c) Estimated annual Payments to Bona Fide Sub Contractors

f.

2. PUBLIC LIABILITY

Please state required Limit of Indemnity

2m 5m 10m

Annual estimated turnover

f.

3. WRONGFUL ARREST

Is cover required for Wrongful Arrest?

Yes No

4. DIRECTORS AND OFFICERS

Is Directors and Officers cover required?

Yes No

5. PERSONAL ACCIDENT

Is cover required for Personal Accident?

Yes No

(a) Number of persons to be insured

(b) Are you and your staff physically fit and in good health?

Yes No

If NO, please provide brief details

6. LEGAL EXPENSES

Is cover required for Legal Expenses? Yes No

7. 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	Type of claim and brief details	Amount Paid	Amount outstanding

8. REGISTRATION

Are you, and all your staff, licensed by the SIA? Yes No

9. SCREENING PROCEDURES

It is a requirement and condition of all the insurances that screening of individuals employed in a security environment is in accordance with:

- (a) British Standard BS7858 Code of Practice for Security Screening of Personnel employed in a Security Environment and/or British Standard BS7499 Manned Security Services Part 1, Code of Practice for Static Guarding and Mobile Control Services or any amendment thereto in respect of employees engaged in guarding activities or the provision of key holding services or security installation servicing or maintenance services or activities, or
- (b) British Standard BS7960 Code of Practice for Door Supervisors/Stewards or any amendment thereto in respect of employees engaged in door supervising activities or stewarding work

In addition, a written record of any verbal reference must be made at the time it is obtained, and the original copy of each written reference and the record of any verbal reference must be retained.

Please confirm that your screening procedures comply with the above requirements Yes No

If your procedures are not in accordance with the above, please give details below of your systems and the matter will be considered further by the Underwriters.

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10. PRESENT/PREVIOUS INSURANCES

(a) Name of Brokers and/or Underwriters

(b) Renewal Date

11. GENERAL

(a) Has an Insurer

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

(ii) Cancelled or refused to renew a Policy?

(iii) Required an increased premium, special terms or restrictions?

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

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

(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?

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

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(e) Do you carry out any work for Luminar Leisure or J D Wetherspoon?

DECLARATION

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 PRACTISES AND/OR SAFEGUARDS 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 YOURSELF/YOURSELVES 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 CONDITIONS PRECEDENT TO LIABILITY UNDER THE PROPOSED INSURANCES.

SIGNED

POSITION

DATE

CAMBERFORD LAW PLC

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