

SECURITY INDUSTRY LIABILITY INSURANCE QUESTIONNAIRE AND APPLICATION

APPLICANT CONTACT DETAILS

Registered Name of business:					
Trading name (If applicable):					
Company Registration Number:					
VAT Registration Number:					
Telephone Number:	Code:		Number:		
Facsimile Number:	Code:		Number:		
Email Address:					
Physical Address:				Code:	
Postal Address:				Code:	
Description of Business (in detail):					

APPLICANT SCREENING DETAILS

Does the applicant subcontract work to others?	Yes		No		If yes, what kind of work?	
If yes, is proof of insurance cover requested from subcontractors?	Yes		No			
Are background investigations and checks conducted on all employees?	Yes		No			
If yes, please mark the appropriate box below that's applicable:						
	Criminal Background Checks		Previous Employer		Personal References	
	Fingerprints		Drug Screening		Other	
	Background Cleared Prior to Employment					
Are any watercraft used?	Yes		No			
Number:		Description:				

Are any Cash in Transit, Armoured vehicles, etc. used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, describe what type and the number used:
Number:	<input type="text"/>	Description:	<input type="text"/>		
Any Alarm installation / repair /monitoring operations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, please describe.
Do you have a legal commercial policy?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, please attach a copy of the policy contract.

Include number of Employees per security service rendered

	Guarding		Armed Reaction		VIP Protection	
	Armed	Unarmed	Armed	Unarmed	Armed	Unarmed
Full Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Armed	Unarmed				
<i>Other Security Personnel</i>	<input type="text"/>	<input type="text"/>				

SECURITY LIABILITY PROGRAM APPLICATION

Gross Annual Turnover from Your Operation	R <input type="text"/>	
Estimated Gross Turnover for the Next 12 Months	R <input type="text"/>	
Annual Payroll for Employees	R <input type="text"/>	Do not include directors, partners sole proprietors or administrative personnel.
Annual spend for Subcontractors	R <input type="text"/>	

By Operation – Please tick the appropriate category of security services rendered

Categories					
<input type="checkbox"/>	Armed Reaction**	<input type="checkbox"/>	Shoplifting	<input type="checkbox"/>	Residential Patrol
<input type="checkbox"/>	Airports**	<input type="checkbox"/>	Surveillance	<input type="checkbox"/>	Restaurants
<input type="checkbox"/>	Alarm Response / Monitoring	<input type="checkbox"/>	Access Control	<input type="checkbox"/>	Fast Food Restaurants
<input type="checkbox"/>	Bodyguards / VIP**	<input type="checkbox"/>	Goods Dispatch	<input type="checkbox"/>	Schools
<input type="checkbox"/>	Undercover	<input type="checkbox"/>	Government Facilities	<input type="checkbox"/>	Shopping Mall Interior
<input type="checkbox"/>	Hospitals	<input type="checkbox"/>	Liquor Stores	<input type="checkbox"/>	Shopping Mall Parking Lot
<input type="checkbox"/>	Hotels / Motels	<input type="checkbox"/>	Manufacturing Plants	<input type="checkbox"/>	Warehouses
<input type="checkbox"/>	Guarding**	<input type="checkbox"/>	Offices	<input type="checkbox"/>	Bars / Lounges
<input type="checkbox"/>	Consultancies	<input type="checkbox"/>	Training Centres	<input type="checkbox"/>	Car Dealerships
<input type="checkbox"/>	Banks	<input type="checkbox"/>	Construction Sites	<input type="checkbox"/>	Churches
<input type="checkbox"/>	Civil	<input type="checkbox"/>	Concerts	<input type="checkbox"/>	Retail Stores
<input type="checkbox"/>	Events	<input type="checkbox"/>	Armoured Car / Courier / Money Escort / CIT		
<input type="checkbox"/>	Supply, Installation and Maintenance of Alarm, Detection, Access Control Systems**				
<input type="checkbox"/>	Other (Please describe below):				

****Please provide descriptions / annual turnover for the items as listed above:**

Armed Reaction	Annual Turnover: R				
Airports	Description:				
Bodyguards / VIP	Annual Turnover: R				
Guarding	Annual Turnover: R				
Supply, Installation and Maintenance of Alarm, Detection, Access Control Systems	Annual Turnover: R				
Do you have a brochure/printed matter/company profile for your business?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, please attach a copy.

Does your business belong to any associations and have a PSIRA Membership no?		yes		No		If yes, please list association name(s) below:
		PSIRA membership no:				
Please describe your training procedures for security officers.						
Dogs	Number Attended	Number Free Roaming	Where and how are they used? Please describe any drug – or any bomb-sniffing activities			

Claims / Prior Insurance

Have any claims been made or suits brought against you during the past five years?		Yes		No		If yes, please explain in an attached statement.
Are you aware of any circumstances that may be reasonably expected to result in a claim being made against your or any of your business predecessors, subsidiaries or affiliates or against any of the past or present directors, owners, staff or company?		Yes		No		If yes, please attach an explanation.
Have your or any of your business predecessors, subsidiaries, affiliates, past or present directors, owners, officers, staff, or employees been investigated and / or cited by any regulatory authority for violations arising out of your activities?		Yes		No		If yes, please explain in an attached statement.
Who was your previous/current insurance company for the past three years?						
Name of the Insurance Company	Policy number	Cover	Period from	Period to		
		R				

Limits Of Liability / Cover Required

Please indicate annual policy limit	R							
Required Inception Date of this Policy	D	D	M	M	Y	Y	Y	Y

Comments

For the purpose of this application, the undersigned authorised agent of the person(s) and entities proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application, and attachments, are true and complete. The broker/underwriter is authorised to make any inquiry in connection with this application. Accepting this application does not bind the underwriter to complete, or the applicant to purchase the insurance.

I hereby acknowledge that I have read and understood the policy wording. Wording is also available on www.qlu.co.za or by sending an email to info@qlu.co.za

I understand that this policy is not in place until confirmation is received from the insurer.

I am aware of the fact that insurance premiums are payable in advance by the 7th of each and every month and that failure to do so will result in cover being suspended for the period in which premiums are unpaid.

IMPORTANT: This proposal forms the basis of the Insurance contract between the Insured and the Insurer once completed by the Insured and accepted by the Insurer. Making a false statement or withholding any material fact may give the Insurer the right to repudiate any claim made under the policy or may result in the policy being declared null and void from inception, a material fact is any fact which influences the acceptance of the risk or conditions and premiums on which it is accepted. This proposal must therefore be fully/accurately completed and signed by the proposer

I declare that the answers given above are true and correct

Signed at _____ on this the _____ day of _____ .

Signature _____

Full Name _____

Capacity _____