Quantum Liability
UNDERWRITERS

Contact Details:
Tel: 086 144 4462
Fax: 086 685 0357
Email: info@qlu.co.za
Web: www.qlu.co.za

Postal Address:
PO Box 1115, Bromhof, 2154

Physical Address:
Irene Link Precinct, 7 Impala Avenue,
Centurion, 0157

Specialist Security Liability Underwriting Managers: General, Pollution, Products, Security Liability, Professional Indemnity, Custody & Control, Firearms, Fidelity Risks

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? If yes, describe what type and the number used:			Yes ☐	No ☐	
Number:		Description:			
Any alarm installation / repair or monitoring operations? If yes, please describe.			Yes ☐	No ☐	
Do you have a Legal Commercial policy?			Yes ☐	No ☐	If yes, please attach a copy of the policy contract.

Include the number of employees per security service rendered.	Guarding		Armed Reaction		VIP Protection	
	Armed	Unarmed	Armed	Unarmed	Armed	Unarmed
Full Time:						
Part Time:						
Other Security Personnel:						

SECURITY LIABILITY PROGRAM APPLICATION

Gross Annual Turnover from Your Operation:	R
Estimated Gross Turnover for the Next 12 Months:	R
Annual Payroll for Employees: Do not include directors, partners, sole proprietors or administrative personnel.	R
Annual spend for Subcontractors:	R

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

Categories					
☐	Armed Reaction**	☐	Shoplifting	☐	Residential Patrol
☐	Airports**	☐	Surveillance	☐	Restaurants
☐	Alarm Response / Monitoring	☐	Access Control	☐	Fast Food Restaurants
☐	Bodyguards / VIP**	☐	Goods Dispatch	☐	Schools
☐	Undercover	☐	Government Facilities	☐	Shopping Mall Interior
☐	Hospitals	☐	Liquor Stores	☐	Shopping Mall Parking Lot
☐	Hotels / Motels	☐	Manufacturing Plants	☐	Warehouses
☐	Guarding**	☐	Offices	☐	Bars / Lounges
☐	Consultancies	☐	Training Centres	☐	Car Dealerships
☐	Banks	☐	Construction Sites	☐	Churches
☐	Civil	☐	Concerts	☐	Retail Stores
☐	Events	☐	Armoured Car / Courier / Money Escort / CIT		
☐	Supply, Installation and Maintenance of Alarm, Detection, Access Control Systems**				
☐	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 7000000.00
Supply, Installation & Maintenance of Alarm, Detection and Access Control Systems	Annual Turnover: R
Do you have a brochure/printed matter/company profile for your business?	Yes ☐ No ☐ If yes, please attach a copy.

Does your business belong to any associations and have a PSIRA Membership Number?			Yes ☐	No ☐	If yes, please list association name(s) below:
			PSIRA Membership Number:		
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

Annual Policy Limit	R							
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 the _____ day of _____ , _____.

Signature _____

Full Name _____

Capacity _____