SECURITY SERVICES LIABILITY INSURANCE PROPOSAL FORM

APPLICANT CONTACT DETAILS

Registered Name of business:					
Trading name (If applicable):					
PSIRA Reg. Number:					
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			Pre-employment polygraph key staff	

Are any watercraft used?	Yes		No		
Number:		Description:			

Are any Cash in Transit, Armoured vehicles, etc. used?	Yes		No		If yes, describe what type and the number used:
Number:		Description:			
Do you have a legal commercial policy?	Yes		No		
	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						
Part Time						
	Armed	Unarmed				
Other Security Personnel						

SECURITY LIABILITY PROGRAM APPLICATION

Gross Annual Turnover from Your Operation	
Estimated Gross Turnover for the Next 12 Months	

Please provide descriptions / annual turnover for the items as listed below
(To correspond with your annual turnover - as above)

Services Contract	With Firearms	Without Firearms
Static Guarding and Warden Services	R	R
Access Control	R	R
Warehouse and Goods Despatch	R	R
Special Event Security Services (concerts/shows etc)	Not Applicable	R
Alarm/CCTV Monitoring and/or Response	R	R
Armed response	R	R
Escort Services	R	R
VIP Protection	R	R
Crowd Control/Riots and strikes	R	R
Security Consultancies	Not Applicable	R
Training Centres	R	R
Medical Response/Ambulance Services	Not Applicable	R
Supply, Installation & Maintenance of Detection,	Not Applicable	R
Access Control & Alarm Systems	R	R
Other Security Services (please describe below)	R	R

	Total	R	R

Limits of Liability / Cover Required (Up to 10 million)

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

Sections and Extensions Include

General Public Liability		COVER AMOUNT REQUIRED
Pollution Liability	Automatically Included	
Products Liability		COVER AMOUNT REQUIRED
Security Claims		COVER AMOUNT REQUIRED
Professional Indemnity		COVER AMOUNT REQUIRED
Defamation	Automatically Included	
Satutory Defence Costs	Automatically Included	
Wrongful Arrest	Automatically Included	
Negligent Advice		INCLUSIVE IN SECTION D (INDEMNITY LIMIT)
Fire Arms		COVER AMOUNT REQUIRED
Special Events		COVER AMOUNT REQUIRED
Medical Response		COVER AMOUNT REQUIRED
Employers Liability		COVER AMOUNT REQUIRED
Freight Escort Services		COVER AMOUNT REQUIRED
Crowd Control Security Services		COVER AMOUNT REQUIRED

Comments

_____

Are all security officers PSIRA registered			
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

Revolute Underwriting Agency (Pty) Ltd - FSP No: 52432

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.revolute.co.za** or by sending an email to **info@revolute.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 _____