

Security Contractors Insurance - Demands & Needs Risk Capture

Please complete and check the information in this document carefully as this constitutes our understanding of your Insurance requirements and situation:-

COMPANY INFORMATION

The Business: (Full name)	«Contact_FullName»
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Include partners and trading names if not a limited Company

Address:	«Contact_ContactPerson_AddrCommaNoCountry»		
		Renewal Date:	
Occupation:			
Tel No:		Email:	
Contact:		Website:	
Date established:		Current insurers:	
Do the Directors have at least 5 years' experience in the Security Industry?	If 'No' please give details below	Yes/No	

ESTIMATES FOR THE NEXT 12 MONTHS

Employers' Liability – limit of indemnity	£	-
No of employees		
Wage estimates (including payments to labour only sub-contractors) :-		
Clerical	£	-
Static and mobile security guards	£	-
Door supervisors / events	£	-
Monitoring	£	-

Installation / maintenance	£	-
Non-licensable activities – give details	£	-
Public & Products Liability – limit of indemnity	£	-
Estimated turnover	£	-
Estimates of payments to Bona Fide Sub-Contractors		
Detail Activities carried out:	£	-

Approximate percentage split of your contracts involving:	
Guarding Contracts	
Offices	%
Warehouses and Factories	%
Retail	%
Vehicle Compounds &/or Building Sites	%
Door / Event Supervision	
Door Supervisors	%
Events	%
Monitoring	
CCTV & Alarms	%
Keyholding	%
Installation	
Intruder Alarms	%
CCTV / Access Control	%
Fire Alarms	%
Locks, Safes and Grilles	%

Non-Licensable Activities	
Cleaning Contracts	%
Maintenance	%
Temperature Monitoring	%
Weighbridge Duties	%
Traffic Marshalling	%

Gritting & Salting	%
Parcels & Postal Work	%
Other – provide details	%

Do you use dogs – if so, how many?	Yes/No
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Do you vet all your staff to BS7858?	Yes/No
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Are you an SIA Approved Contractor?	Yes/No
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Are you ISO9001?	Yes/No
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Are you aware of any claims or incidents that may give rise to any claims in the past 5 years?	Yes/No
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If Yes, please give details:

Have you or any director or partner of the business or its subsidiary companies to be included in this insurance, either personally or in any business capacity:

been declared bankrupt or insolvent or been the subject of bankruptcy proceedings or insolvency proceedings in the UK, Channel Islands, Isle of Man or the equivalent in any other country in the last 10 years?	Yes/No
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been the owner or director of, or partner in, any business, company or partnership which went into administration, administrative receivership or liquidation, and/or was the subject of any company and/or individual voluntary arrangement with creditors, a winding up order of an administration order in the last 10 years?	Yes/No
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been the subject of a Country Court Judgement (or Scottish, Northern Ireland, Channel Islands, Isle of Man or EU equivalent) in the last 6 years?	Yes/No
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been disqualified from being a company director?	Yes/No
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been convicted or charged (but not yet tried) with or officially cautioned for a breach of any Health and Safety or Welfare of Environmental Protection legislation or been served with a prohibition or improvement order under health and safety legislation?	Yes/No
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been convicted or, or charged (but not yet tried), with any criminal offences involving dishonesty, arson, theft, or causing wilful damage?	Yes/No
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ever had a proposal for insurance declined, renewal refused, or special conditions imposed by any insurer?	Yes/No
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made any insurance claim, been claimed against or suffered any event or loss which may lead to a claim for any of the covers provided by this policy (whether previously insured or not) in the last 5 years?	Yes/No
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If the answer to any of the questions is 'Yes' please supply full details below:-

Hazardous Risks / Premises	
Does the business involve mining, processing, manufacturing, removing, disposing of, distributing or storing of asbestos or products made entirely or mainly of asbestos?	Yes/No
Does the business have any involvement with chemicals, petrochemicals, oil, gas or other substances which could be harmful, other than substances that are normal for the business?	Yes/No
Does the business have any involvement with nuclear installations, docks, harbours, railways, watercraft, offshore gas or oil installations, chemical or petrochemical works, oil or gas refineries, oil or gas storage facilities, collieries, mines, quarries, power stations, aircraft, airports or airfields?	Yes/No
Does the business dispose of fumes, effluent or other harmful waste?	Yes/No
If the answer to any of the questions is 'Yes' please supply full details below:-	

Non-Standard / Other Requirements
Please provide details of any other needs or requirements:

Other Risk Considerations	
Please indicate if you would like quotations / more information on other insurance covers:-	
Cyber Data Risks	Yes/No
Directors & Officers Liability	Yes/No
Legal Expenses	Yes/No
Motor Fleet	Yes/No
Property & Business Interruption	Yes/No
Other: please specify	Yes/No

Your answers to the above questions will be used by us to identify your demands and needs and to ensure the selected market is suitable to quote for the renewal of this risk.

Signature of Proposer:	Name:
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Position in Company	Date:
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Important Notice:
 Insurance policies contain various conditions that you must comply with in order for a claim to be dealt with by your insurers. If you fail to fulfil these conditions you may lose your right to indemnity or payment for a claim. A copy of the policy wording is available on our website www.darwinclayton.co.uk or upon request.

Darwin Clayton (UK) Limited is Authorised and Regulated by the Financial Conduct Authority