

# SOUTHERN CROSS BROKERS P/L

## Security Agents Money Carry Application

Period of Insurance

to       at 4.00pm  
Day Month Year Day Month Year

Policy No.:

Quote No.:

Cover Note No.:

Client No.:

### APPLICANT DETAILS

Surname

Given name(s)

Company Name

ABN

Telephone

 ( )

Facsimile

 ( )

Postal address

 POSTCODE

Address of Business Location

 POSTCODE

Names of Cash Carriers and Years Experience


**PLEASE TICK (✓) YES OR NO AND GIVE DETAILS AS REQUESTED (if insufficient space, please attach a separate page)**

1. Are police checks carried out on all guards?

Yes  No


2. What communication systems are in place for guards?


3. Have you ever sustained loss or damage by theft? If Yes, state: when, the items and/or amount stolen, name of insurer, method of entry, and steps taken to prevent recurrence

Yes  No


4. How many individual money carries would you perform in an average week?

What do you estimate to be your annual gross revenue derived from money carry?

 \$

What percentage (approx) is this of your total gross revenue derived from all security related activities?

 %

5. What is the proposed sum insured?

 \$

6. What is the *maximum* amount of money carried at any one time?

7. What is the *average* amount of money carried at any one time?

8. Do operations involve accumulating money or is pick-up and drop off utilised?

9. Do you currently hold Money Insurance?  Yes  No

If yes, provide full details of previous insurer

  

10. Has any company declined a claim or application from you, cancelled or refused to renew your policy or required special terms to insure you?  Yes  No

If yes, state when, name of insurer(s), reason(s)

  
  

11. Have you or any of your employees ever been charged with or convicted of any criminal offences in the past 10 years?  Yes  No

If yes, state: details of penalties, prosecutions, fines or bonds imposed

  
  

12. Have you ever sustained loss or damage by theft? If Yes, state: when, the items and/or  Yes  No

  
  

13. Are there any relevant facts relating to the risk to be insured which should be disclosed to enable a true assessment of your application to be made?  Yes  No

If yes, state the facts

  
  

### Important Notices

#### YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:-

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that your Insurer knows or, in the ordinary course of his business, ought to know;
- as to which compliance with your duty is waived by the Insurer.

#### NON DISCLOSURE

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract. If your non disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

#### PREVENTING OUR RIGHT OF RECOVERY

Where another person is liable to compensate you for any loss, damage or liability which is covered by this Policy but you have agreed not to seek recovery of any monies from that person, we will not cover you under this policy for that loss, damage or liability.

I acknowledge that:

1. I have read and understood the Important Information set out in the Proposal
2. All information given on this Proposal and any attachment is true and correct.
3. No insurance is in force until this Proposal has been accepted by the Insurer and the premium paid or unless an interim contract has been issued

#### SIGNATURE(S) OF INSURED(S)