

Security Proposal form

Your details

Business name

Contact

Company address

Telephone number

Email address

Date business established

If new business, state previous experience

Date of licence

Company PSA registration number

Give details of any trade association of regulatory body you are a member of:

What is your estimated annual income for the current financial year? €

Business activities

Full business description (please give as much information as possible)

Please break down by percentage your business under the following:

| | | |
|--|----------------------|---|
| a. pub, bars and night clubs | <input type="text"/> | % |
| b. offices | <input type="text"/> | % |
| c. car compounds | <input type="text"/> | % |
| d. mobile/residential patrols | <input type="text"/> | % |
| e. other (please specify services below) | <input type="text"/> | % |

Do you use the services of sub contractors? Yes No

If Yes, please specify their services:

a. Do you retain a copy of their insurance policy? Yes No

b. Do you ensure that their policy is to the same level provided by your policy? Yes No

c. Do you retain a copy of their insurance policy? Yes No

Are you involved in cash carrying? Yes No

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Do you provide guard dog security? Yes No

If Yes,

a. do you comply with 1975 Guard Dog Act? Yes No

b. number of dogs

Do you have a system in place for ensuring employees are at their place of work at the required time? Yes No

Do you provide any crowd control, protestor sites or body guarding services? Yes No

Do you use the application of heat in connection with your business? Yes No

Do you undertake operations outside the Republic of Ireland? Yes No

Are all your employees over 16 year of age and under 65 years of age and in good health and free from physical defect? Yes No

Have you entered into any agreement assuring a liability for injury, illness, loss of damage or which you would not have been liable in the absence of such agreement? Yes No

Do you work on offshore installations, chemical works, on board ships, airports or within five meters of railway tracks? Yes No

Have you, or any director of your company ever been prosecuted under any health and safety legislation? Yes No

Have you ever been convicted or charged with a criminal offence (excluding motor offences) or involved in any businesses that have been liquidated, dissolved or that have ceased trading? Yes No

Have you have been subjected to an inquiry by any government agency? Yes No

Do you have a current health and safety statement? Yes No

If Yes, have employees read it and signed it? Yes No

If you have answered Yes to any of the above questions, please provide further details.

Vetting procedures

Do you comply with the PSA vetting procedures for all employees? Yes No

Do you hold on file ten years references for each employee? Yes No

Claims and losses

Please confirm the following statements:

Has any claim or loss, whether successful or not, ever occurred or been made against you or your predecessors in business or any past or present partner, principal, director or employee in respect of any risk now to be insured under the insurance covers listed above (whether previously insured or not)? Yes No

Have you ever had insurance or proposal cancelled, withdrawn, declined or made subject to special terms? Yes No

Are you aware of any shortcoming in your work for a client, which is likely to lead to a claim against you? Yes No



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Are you aware, after enquiry, of any potential disease or injury to an employee that may give rise to a claim?

Yes No

If you have answered Yes to any of the above questions, please provide further details.

Important notice for your protection

Within 30 days of receipt of this proposal acceptance form by us, you will be sent your policy documents which contain full details of your cover and other important information. Please take time to read these documents carefully, particularly noting the policy exclusions and limitations.

Please ensure that the details in the policy documents are correct. If you wish to cancel your policy you must give us 30 days notice.

Declaration

I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate; and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Hiscox Insurance Company Limited to avoid this insurance.

I/We agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

Material information

Please provide us with information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.

Data protection

By signing this proposal form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities.

Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Declaration

Name

Position within the company

Signature

/ /

Date

A copy of this proposal should be retained for your records.



Security Proposal form

Complaints

Our aim is to ensure that all aspects of your insurance are dealt with promptly, efficiently and fairly. At all times we are committed to providing you with the highest standard of service. If you have any questions or concerns about your policy or the handling of a claim you should, in the first instance contact Brennan Insurances:

Telephone: 00 3531 6395580

Fax: 00 3531 6395590

Email: liam.conlon@brennaninsurances.ie

Address: 12/14 Lower Mount Street, Dublin2, Ireland

If Brennans cannot resolve your complaint satisfactorily, please contact Hiscox Customer Relations team in writing at:

Hiscox Customer Relations

Hiscox House

Sheepen Place

Colchester

CO3 3XL

or by telephone on 0044 1206 773705

or by email at customer.relations@hiscox.com.

Complaints that cannot be resolved by the Hiscox Customer Relations department may then be referred to the Financial Ombudsman Service. Further details will be provided at the appropriate stage of the complaints process. This complaint procedure is without prejudice to your right to take legal proceedings.

Please post this form and completed Direct Debit mandate to:

Brennan Insurances, 12/14 Lower Mount Street, Dublin 2, Ireland