

**PROFESSIONAL INDEMNITY INSURANCE
SECURITY SERVICES COMPANIES
PROPOSAL FORM**

I. GENERAL DATA

Company Name:		
Address:		Website:
Tel:	Fax:	Email:
Tax Registration No:	Year Established:	

II. DETAILS OF PRACTICING PRINCIPALS & PARTNERS – STAFF

Full Name	Qualifications – Yrs of Prof. Experience	Position – Yrs in the Company

Total Number of Principals - Partners & Staff:

Principals, Partners or Officers:	
Other qualified staff (specify):	
Administration staff:	
Other (please refer): (<i>Security Guards etc</i>)	

III. NATURE & VOLUME OF PROFESSIONAL ACTIVITY (% of total fees)

1.	<input type="checkbox"/>	Patrolling & Guarding of goods of goods & properties (houses, warehouses, industry etc)	... %
2.	<input type="checkbox"/>	Special – Purpose Buildings security (Banks ... %, Hospitals ...% Public ... %, Commercial centers ... %, Other: Universities ...%, Athletic Installations ... %	... %
3.	<input type="checkbox"/>	Guarding & Protecting jewellerys & exposition of high value - rare objects	... %
4.	<input type="checkbox"/>	Guarding & Protecting of shows, conventions, exhibitions	... %
5.	<input type="checkbox"/>	Guarding and /or transportation of money	... %
6.	<input type="checkbox"/>	Deposit, care, counting & classification of bank notes, titles of property, and valuable documents, and in general any objects that given their economic value or hazardous properties may generate interest	... %
7.	<input type="checkbox"/>	Protection of Specific Persons subject to previous legal authorization%
8.	<input type="checkbox"/>	Airports, Ports-Marinas, Railways Security services	... %
9.	<input type="checkbox"/>	Installation & Maintenance of safety equipment, systems or alarms	... %
10.	<input type="checkbox"/>	Operation of central alarm systems destined to the reception, transmission and verification of alarm signals and notification to national security or police forces, including response to alarms%
11.	<input type="checkbox"/>	Planning and consultancy of security measures and services%
12.	<input type="checkbox"/>	Transport and Distribution of Explosives %

13.	<input type="checkbox"/>	Training and on going education in Security measures & duties %
14.	<input type="checkbox"/>	Reception classification of packages & correspondence	... %
16.	<input type="checkbox"/>	Other (please refer):%

- a) Does your firm undertake work for Clients, where a Partner / Director or the firm holds a Partnership/Directorship or has any financial interest (other than shareholder in a public quoted company)? YES NO
- b) Do security guards carry guns? YES NO
- c) Do you employ guard dogs? YES NO

IV. FINANCIAL DATA (last 2 years & estimation for current year)

YEAR	20...	20...	20...
TOTAL Fees (€)			

V. EXPERIENCE (Largest individual commercial contracts in the past two years)

PERIOD	DESCRIPTION	TOTAL FEES (€)

VI. PREVIOUS INSURANCE – CLAIMS

- a) Have you previously been insured? YES NO
- b) Have any claims been made during the past 5 years? YES NO
- c) Is your company aware of any circumstances or incidents that may result in a claim against your company? YES NO
- d) Has any partner or member of staff been involved in any fraud or dishonesty? YES NO

Where “YES” give details:

.....

VII. INDEMNITY REQUIRED

- Any one Claim & Aggregate per year 500,000€ 1,000,000€ 2,000,000€ Other:
- Deductible 5,000€ 10,000€ Other:

I declare on behalf of the Firm that the statements in this Proposal are true and that I have not misstated or suppressed any material facts. I agree that this proposal, together with any other information supplied by me, shall form the basis of the contract of insurance effected thereon.

Date:

Company’s Seal

Signature

IMPORTANT NOTICE: All questions must be answered. All information provided is confidential.