



justQuoteMe



## SECURITY PROPOSAL FORM

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## Proposal Form For Security, Alarm And Fire Protection Companies

### 1. THE PROPOSER

Full name of the Proposer, including all trading names:

Postal Address:

Postcode:

Telephone No:

Contact Name:

E-mail:

Website

Full Business Description (Full details of all activities to be covered) – cover will apply only to business defined:

Date Company Established:

If trading for less than 12 months, please provide full details of relevant experience of the directors/principals.

If you require Employers' Liability cover, please supply your Employer PAYE Reference(s). This information is mandatory. Employers' Liability cover cannot be provided without it. Where you have more than one PAYE Reference, please advice of each one making it clear which company they apply to (further information can be found at [www.elto.org.uk](http://www.elto.org.uk))

**\*Employer PAYE Reference(s)**

Date upon which insurance should commence?



**PLEASE SELECT BELOW THE AREAS OF SECURITY YOUR BUSINESS COVER**

- Static/Manned Guarding
- Door Supervision
- Event Security
- Close Protection
- CCTV
- Keyholding/Alarm Response
- Intruder/Fire Alarms
- Locksmith/Vaults/Safe Installation

Other (Please State)

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

Are all relevant employees licensed by the Security  Yes  No

Industry Authority?

Are you an SIA Approved Contractor?  Yes  No

**2. PLEASE ESTIMATE NUMBER OF EMPLOYEES, WAGES & TURNOVER FOR THE FORTHCOMING 12 MONTHS**

	Number of Staff	Wages	Turnover
Clerical, Administrative & Non-Manual			
Static & Mobile Security Guards			
Events			
Events (Sporting & Music)			
Close Protection			
Door Supervisors			
Alarm, Fire Protection and Security Systems			
Other Employees, please state below			
Total			

Description of other Employees work



### 3. BONA-FIDE SUB-CONTRACTORS

i) Do you engage any Bona-Fide Sub Contractors?  Yes  No

ii) Do you ensure that the sub-contractors maintain Employers Liability, Public/Products and Efficacy Liability Insurances with limits of indemnity no less than the limits proposed under this Insurance?  Yes  No

iii) Estimated Annual Payments to Bona-Fide Sub-Contractors: £

### 4. COVER REQUIREMENTS

i) **EMPLOYERS LIABILITY** – Cover Required  Yes  No

The standard Limit of Liability under this section is £10,000,000 If you require an increased limit please indicate amount: £

ii) **PUBLIC LIABILITY** – Cover Required?  Yes  No

The standard Limit of Liability under this section is £5,000,000 If you require an increased limit please indicate amount: £

iii) **USE OF DOGS** (please skip question if you do not use dogs)  Yes  No

Percentage split of work involving Dog Handling

Cover automatically includes liability arising out of the use of guard dogs and is dependent on compliance with the Guard Dogs Act 1975 and subsequent legislation

Total number of guard dogs?

Are all dogs kennelled when not being used for guard duty?  Yes  No

Are all dogs professionally trained prior to being used for guard duty?  Yes  No

iv) **INEFFICACY & CONTRACTUAL LIABILITY?**  Yes  No

The standard Limit of Liability under this section is £5,000,000 If you require an increased limit please indicate amount: £

v) **PRODUCTS LIABILITY** – Cover Required?  Yes  No

The standard Limit of Liability under this section is £5,000,000 If you require an increased limit please indicate amount:



Please provide brief details of products supplied/installed?

Please state below all your activities for all Alarms and associated work:

	Estimated Annual Turnover (£)
i) Intruder Alarms (install & maintenance)	<input style="width: 100%;" type="text"/>
ii) Fire Alarms (installation & maintenance)	<input style="width: 100%;" type="text"/>
iii) Central Station Monitoring/Key Holding	<input style="width: 100%;" type="text"/>
iv) Locks, Safes, Grills, Barriers or Fencing	<input style="width: 100%;" type="text"/>
v) General Electrical Contracting	<input style="width: 100%;" type="text"/>
vi) Sale of Products (no installation)	<input style="width: 100%;" type="text"/>
vii) Security Shredding	<input style="width: 100%;" type="text"/>
ix) Vehicle Alarms	<input style="width: 100%;" type="text"/>
x) Any other activity (see below)	<input style="width: 100%;" type="text"/>

Please provide details of any other activity:

Do you manufacture or modify any equipment?  Yes  No

If so, please provide details of the activities and estimated turnover?

Are all systems manufactured and/or installed to the appropriate British/European Standards?  Yes  No

If not, please provide full details:

**vi) INEFFICACY (PRODUCTS) LIABILITY – Cover Required**  Yes  No

The standard Limit of Liability under this section is £5,000,000 If you require an increased limit please indicate amount: £



**vii) FIDELITY GUARANTEE – Cover Required?**

Yes  No

The standard Limit of Liability under this section is £100,000 If you require an increased limit please indicate amount: £

**viii) LOSS OF KEYS – Cover**

Yes  No

The standard Limit of Liability under this section is £100,000 If you require an increased limit please indicate amount: £

**ix) WRONGFUL ARREST – Cover Required**

Yes  No

The standard Limit of Liability under this section is £250,000 If you require an increased limit please indicate amount: £

**x) FINANCIAL LOSS – Cover Required**

Yes  No

The standard Limit of Liability under this section is £500,000 If you require an increased limit please indicate amount: £

**5. SUMMARY OF WORK UNDERTAKEN**

**i) STATIC/MANNED GUARDING**

Please provide the approximate **percentage** split of activities undertaken

a. Guarding of Offices

b. Retail Security including Store Detectives

c. Guarding of Warehouses and Factories

d. Guarding of Construction Sites

e. Guarding of Residential Buildings

g. Guarding of Garages & Car Compounds

h. Keyholding & Alarm Response

j. Cash & Valuables in Transit

Please provide details of any other activity:



**ii) EVENT SECURITY**

Please state below which event work your business undertakes:

Event Security including Musical & Sporting Events

Event Security excluding Musical & Sporting Events

Car Parking & Traffic Management

Private Parties/Weddings

Corporate Events

If other Sporting Events please specify on page 10

**iii) CLOSE PROTECTION**

a) Please select the category/s, which best suit the description of your clients?

Business people

High net worth individuals

High profile celebrities (including footballers)

Minor celebrities

Royalty/Dignitary

Other (please specify)

b) How many years experience does the business have in conducting close protection work:

Please provide further supporting information providing details of Close Protection work undertaken (where, who for, details of work etc.) under 'Question 11 - ANY ADDITIONAL NOTES' on page 10

**6. OTHER DETAILS OF WORK UNDERTAKEN**

Do you undertake or are you likely to undertake any work:

a) Outside England, Scotland, Wales, The Channel Islands or The Isle of Man?  Yes  No

b) Airside (except work inside terminal buildings)?  Yes  No

c) Offshore?  Yes  No

If you answered YES to any of the above, please provide details:



## 7. CLAIMS HISTORY

Have any claims been made upon you or notified (whether insured or not) in respect any of the above mentioned risks during the past 5 years:  Yes  No

Year	Brief Details and Type of Claim	Amount Paid	Amount Outstanding

## 8. SCREENING PROCEDURES

a) If the Insured is involved with any static guarding, mobile patrol or door supervision activities please confirm that all employees are vetted in accordance with:

- i) British Standard BS7858 Code of Practice for Security Screening of Personnel employed in a Security Environment and/or British Standard BS7499 Manned Security Services Part 1, Code of Practice for Static Guarding and Mobile Control Services or any amendment thereto in respect of employees engaged in guarding activities or the provision of key holding services or security installation servicing or maintenance services or activities, or
- ii) British Standard BS7960 Code of Practice for Door Supervisors/Stewards or any amendment thereto in respect of employees engaged in door supervising activities or stewarding work

In addition, a written record of any verbal reference must be made at the time it is obtained, and the original copy of each written reference and the record of any verbal must be retained.

Please confirm that your screening procedures comply with the above requirements  Yes  No





**9. ADDITIONAL INSURANCES** – Would you be happy for us to either now or in the future look at any other insurance for your business?

- a) Buildings / Contents / Stock / Machinery:  Yes  No
- b) Legal Expenses / Directors & Officers Liability:  Yes  No
- c) Motor Fleet:  Yes  No
- d) Personal Accident Insurance:  Yes  No

**10. GENERAL**

- a) Has an insurer
- i) Declined to accept any Insurance for which you are proposing?  Yes  No
- ii) Cancelled or refused to renew a Policy  Yes  No
- iii) Required an increased premium, special terms or restrictions?  Yes  No
- b) Have you the Proposer or any Partner or Director ever been convicted of or charged (but not yet tried) with a criminal conviction?  Yes  No
- c) To your knowledge, has any Employee ever been convicted of or charged (but not yet tried) with a criminal offence?  Yes  No
- d) Have you the Proposer or any Partner or Director ever been declared bankrupt or insolvent or been disqualified from being a company director or been involved as owner Director or Partner with any company which went into receivership, administration or liquidation?  Yes  No

If yes to any of the above, please give details



## 11. ANY ADDITIONAL NOTES

(Please reference which question/s you are referring to):

Please also provide any other significant information you would like insurers to note which you feel may influence or improve any quotation:

## 12. DECLARATION

I/we declare that the above statements are true and I/we have not concealed any material fact that ought to be known or advised to the underwriters.

I/we agree that any variation in practices and/or safeguards and/or procedures will not be made without the knowledge and agreement of the underwriters.

I/we warrant that the above statements are true and agree that they shall be the basis of the proposed contract between the underwriters and yourself/yourselves and be incorporated therein.

I/we further agree to render at the end of each period of insurance a statement of all wages and/or salaries actually expended and/or turnover received and to pay any excess premium due.

It is further warranted that continued accuracy of the above statements, particulars and answers shall be conditions precedent to liability under the proposed insurances.

Name in Capitals:

Position:

Signature:

Date:

Once you've completed the form, please save on your desktop and then email Just Quote Me here:

[contact@justquoteme.co.uk](mailto:contact@justquoteme.co.uk)