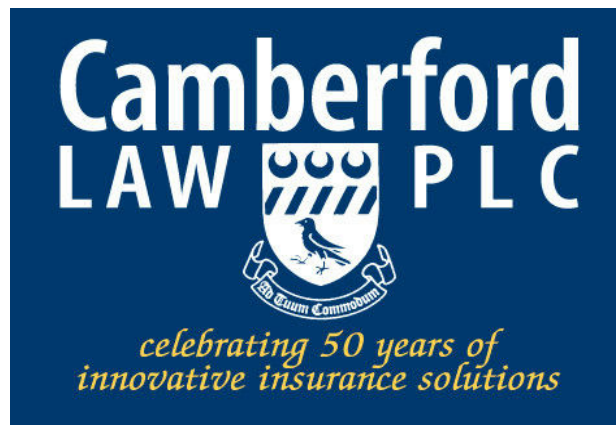


COMPREHENSIVE INSURANCE SCHEME

for

CLOSE PROTECTION COMPANIES



PROPOSAL FORM

LLOYD'S BROKERS
UNDERWRITING AGENTS
Members of BSIA and IPSA

Lygon House, 50 London Road,
Bromley, Kent BR1 3RA
Tel: 020 8315 5000 Fax: 020 8460 2118
Email: security@camberfordlaw.com

Authorised and Regulated by the Financial Services Authority

www.camberfordlaw.com/security

PROPOSAL FORM FOR CLOSE PROTECTION COMPANIES

Full name of Proposer

Including Trading Name

Address

Telephone No Fax No

Email address

Names of Partners/Directors

Background of Partners/Directors

Date Established

Business Description (Full details of all activities to be covered)

Are you a member of any association? If so, please provide details

1. EMPLOYERS LIABILITY

Is cover required for Employers' Liability?

Yes No

If YES, please provide the following details:

Type of Employee	Number	Estimated Wages
Clerical/Managerial		
Close Protection Officers		
Others		

a) Sub Contractors:

(i) Do you employ any Sub Contractors? (If Labour only please include under Employers Liability section) Yes No

(ii) Do you ensure that Sub Contractors maintain Employers Liability And Public/Products/Products 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 Contracts

2. PUBLIC LIABILITY

Is cover required for Public Liability?

Yes No

What limit of indemnity do you require?

2m 5m

Annual estimated turnover

3. PERSONAL ACCIDENT

Is cover required for Personal Accident?

Yes No

(a) Number of persons to be insured

(b) Are you and your staff physically fit and in good health?

Yes No

If NO, please provide brief details

<input type="text"/>

4. CLAIMS HISTORY

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

If YES, please provide the following details:

YEAR	Type of claim and brief details	Amount Paid	Amount outstanding

5. REGISTRATION

Are you, and all your staff, licensed by the SIA? Yes No

6. GENERAL

Have you or any person to be insured been convicted of a criminal offence? Yes No

If YES, please give details

7. PRESENT/PREVIOUS INSURANCES

(a) Name of Brokers and/or Underwriters

(b) Renewal Date

DECLARATION

I/WE DECLARE THAT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF, THE ABOVE STATEMENTS MADE BY ME/US ARE TRUE AND COMPLETE AND THIS PROPOSAL SHALL FORM THE BASIS OF THE CONTRACT BETWEEN ME/US AND THE UNDERWRITERS.

SIGNED

POSITION

DATE