

GuardTrack

GENERAL LIABILITY PROPOSAL FORM INCLUDING PROFESSIONAL INDEMNITY

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. DO NOT LEAVE ANY SPACE BLANK. INDICATE "N/A" IF A QUESTION IS NOT APPLICABLE. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER A QUESTION FULLY, PLEASE ATTACH DETAILS ON A SEPARATE SHEET OF YOUR LETTERHEAD INDICATING THE NUMBER OF THE QUESTION.

Question 1

Name of Firm or Company:

Name of any subsidiary or associated company(s):

Employers Reference Number (ERN):

Question 2

Date Firm was established:

Question 3

Address (including addresses of subsidiaries and branches):

Postcode _____

Website: _____

Telephone Number: _____

Email address: _____

Question 4

Names of all Directors/Partners/ Principals	Nationality	Qualifications	Year Obtained	How long a Director/Partner/ Principal of this Firm or Company

PLEASE ATTACH CV FOR EACH DIRECTOR / PARTNER / PRINCIPAL

Question 5

(i) Is the company connected or associated (financially or otherwise) with any other firm, company or organisation? If YES, please give full details.

YES NO

(ii) Is the company a signatory or member of 1) SAMI 2) SCEG 3) ICOC 4) IAMSP
5) Other trade or Professional Association? If YES, please give full details.

Question 6

Please give total number of:

(a) Partners/Directors/Principals:

(b) Qualified Staff:

(c) Other Staff (ex admin):

(d) Administrative Staff (Typists, etc.):

(e) Contract Hired Staff:

i. From what organisations do you typically recruit staff ?

ii. What Nationality are recruited staff ?

iii. Under what circumstances do your employees carry firearms ?

iv. Are you satisfied that you and your staff are operating legally ?

v. Do you employ personnel who have served in the US Armed Forces ? If so, please provide details.

vi. Do you carry out background checks on all employees and sub-contractors ? If so, please provide details e.g. criminal, medical (physical and mental), military, law enforcement.

Question 7

Please provide a percentage split of your total fees for the past financial year between the following activities :

(i)	Maritime Security on board vessels (armed)	%
(ii)	Maritime Security on board vessels (unarmed)	%
(iii)	Manned Guarding	%
(iv)	Fraud Investigations	%
(v)	Threat Management / Risk Management	%
(vi)	Training Courses	%
(vii)	Security Surveys	%
(viii)	System Design	%
(ix)	Other (please provide full details below)	%

(a) Please provide a full description of all "other" activities declared under question 7 (ix) above :

(b) With respect to Marine Security Personnel On Board Vessels declared in 7 (i and ii) above, please complete the following with respect to transits that will be undertaken in the current financial year.

No. of Transits	No. of Transits on Ships Carrying an American Flag	No. of Days per Transit	No. of Personnel on Each	Average Day Rate per Transit	Geographical Location of Transit

Do you anticipate any major changes in your activities in the forth coming 12 Months ? If YES, please provide full details.

YES NO

(d) Are you involved in any process of manufacture, construction, alteration, repair, installation or sale or supply of products, other than in a pure consultancy capacity as described above ? If YES, please supply full details.

YES NO

Question 8

- (i) Please give the amount of gross income / fees for the following financial years, with the territorial splits based on the territory in which the work is undertaken :

Year	UK	Overseas excluding USA / Canada	USA / Canada
Past Financial Year	£	£	£
Current Financial Year	£	£	£
Next Financial Year	£	£	£

Please give the date of your financial year end :

Please provide details of work undertaken in countries outside the UK or US, listing the countries and activities :

- (ii) Please give the annual wagheroll for the following financial years:

Year	
Past Financial Year	£
Current Financial Year	£
Next Financial Year	£

Question 9

Please list your 5 largest clients, the fees they generated in the last financial year, and the activities carried out in order to generate these fees

CLIENT	FEE	ACTIVITIES
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- (i)
(ii)
(iii)
(iv)
(v)



Question 10

What proportion of your work is carried out for :

- | | | |
|-------|---------------------------------------|---|
| (i) | Government Agencies outside the USA ? | % |
| (ii) | Companies based outside the USA ? | % |
| (iii) | US Government Agencies ? | % |
| (iv) | Companies headquartered in the USA | % |
| (v) | Journalists ? | % |
| (vi) | Other ? | % |

Question 11

- | | | | |
|-------|--|-----|----|
| | | YES | NO |
| (i) | Do you use a standard form of contract, agreement or letter of appointment ? | | |
| | | YES | NO |
| (ii) | If you perform Marine Security work on board vessels, do you use a standard contract with each ship owner for each transit ? | | |
| (iii) | What are the Indemnification provisions under the contracts ? | | |
| _____ | | | |
| _____ | | | |
| (iv) | Is there a knock for knock agreement under the contract ? | YES | NO |
| (v) | To what extent do you limit your liabilities under contract ? | | |
| _____ | | | |
| _____ | | | |
| (vi) | Are all of your contracts subject to UK Law and Jurisdiction ? | YES | NO |
| | If NO, have you ever entered into contracts which are subject to US Law, or do you intend to do so ? | YES | NO |

If contracts are used as referred to in Question 11 above, please enclose copies of contracts

Question 12

What percentage of your work is put out to sub-contractors ?

Question 13

Are you currently insured ? YES NO

If YES, please give :

- a) Name of insurers :
- b) Indemnity Limit :
- c) Premium :
- d) Excess :
- e) Expiry date :

Question 14

Have any claims alleging any negligent act, error or omission (successful or otherwise) been made against you, your predecessors in business, or any present or past Partners, Principals, or Directors at any time ?

YES NO

If YES, please provide details:

Question 15

Are you or any of the Partners, Directors or Principals, having made full enquiries, including all staff, aware of any of the following matters ?

- (a) Any circumstances which could give rise to a claim against you, your predecessors in business, or any past or present Partner, Director, Principal or Employee ? YES NO

- (b) The receipt of any complaints, whether oral or in writing, regarding services performed or advice given by you ? YES NO

If YES, please give full details.

Question 16

Have you at any time been refused similar insurance, or quoted increased premiums or had special terms imposed ?

YES NO

If YES, please give full details.

Confirmation

I/We declare that the statements and particulars in this proposal are true and that I/We have not mis-stated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon. I/We undertake to inform Insurers of any material alterations to these facts occurring before/during/after completion of the Contract of Insurance.

A copy of this proposal form should be retained by you for your own records.

Dated this _____ day of _____

FOR AND ON BEHALF OF : (Insert Name of Proposer)

Signature of Partner, Director or Principal

This proposal must be typed or completed in ink by a Partner, Principal or Director of the firm or company. All questions must be answered to enable a quotation to be given. The completion and signature of this proposal does not bind the Proposers or Underwriters to complete a Contract of Insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form.