

SECURITY INDUSTRY RENEWAL DECLARATION FORM

Insured:

Policy Number:

Renewal Date:

Business Description:

Has your Business Description changed?

Yes No

If "Yes", please give details:

Category of Work	Own Employees Wages <i>Incl. Labour Only Sub-Contractors</i>		Payments to Bona-Fide Sub-Contractors		Turnover	
	Declaration Period (expiring period)	Projections for coming year	Declaration Period (expiring period)	Projections for coming year	Declaration Period (expiring period)	Projections for coming year
Clerical and Non Manual Staff						
Alarms / CCTV / Electrical Contracting						
Locks / Safes						
Guarding – retail						
Guarding – offices, warehouses, commercial premises						
Door Supervisors/ Events						
Grilles/Screens/Gates/Barriers (Manufacture)						
Any Other (Please Specify)						
TOTALS:						

Please provide details of the 5 largest ongoing or imminent contracts.

	Name of Client	Contract Value (Per annum)	Duration	Details
1				
2				
3				
4				
5				

DECLARATION

Professional indemnity insurance questions in the last 5 years there have been no (Please confirm that the Proposer can answer No to all of the following if choosing this section of cover):

- Professional indemnity claims made against the business or any Principal, partner, Director or Employee
- Complaints or charges or any circumstances that might give rise to a professional indemnity claim
- losses or suspected losses arising from the dishonesty of any Principal, Partner, Director, Employee or other person acting on behalf of the business.
- All of the Principals, Partners or Directors hold a recognised qualification in their field or have at least three years' experience in the relevant industry.
- None of the Principals, Partners or Directors are members of a Professional Body that insists on Professional Indemnity cover being purchased from an Approved Insurer Scheme
- The Proposer does not offer any express warranty or guarantee in respect of the performance of their work or services.
- The Proposer does not offer or accept contract conditions that increase their legal liability or restrict their rights of recourse against others.

If yes to any of the above please advise full details in the area below:

I/We declare that to the best of my/our knowledge or belief, the statements and particulars are true and complete and that no material facts are likely to influence the acceptance of this proposal. I/We agree to inform the insurer of any change to any material fact. I/We also declare that if any information on this renewal declaration form has been written by another person on my/our behalf that person acted as my/our agent for that purpose.

Signature: _____ **Date:** _____

(Position) _____

For and on behalf of:

Arachas Corporate Brokers Limited t/a Arachas, Capital Insurance Markets, Capital IM, Covercentre is regulated by the Central Bank of Ireland.