



COAST
INSURANCE

Proposal Form

Deadly Weapons Protection

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1. Please provide all requested information, attaching answers on a separate sheet if necessary.
2. All questions must be answered completely; please type or print clearly; if any questions are considered “not applicable”, please explain why.
3. Please complete supplements where required.
4. Unless specifically agreed to the contrary, this insurance shall be subject to Australian law.
5. This application and all supplement forms must be signed and dated by the principal of the firm.
6. Any enquiry or complaint should be addressed in the first instance to your broker.
7. Please return the signed form to your broker by email or send direct through to info@coastins.com.au

Section 1 – Institution profile

1. Institution, group, organization or company name to be insured under this policy:

2. Contact name: Email address:

Telephone number: Website:

Full address:

Years in business:

3. Do you wish to include business interruption?

Yes ☐ No ☐

Please advise business interruption values:

4. Please provide designated point of contact for event responder contact/correspondence.

5. Name:

Position/Title:

Telephone number:

Email:

Risk details

6. Please provide full schedule of all locations in the table below. If the premises are managed by a Third-Party Property Manager please advise. if locations exceed the lines listed below, please provide a current schedule of values (SOV) for specific location details:

Address/Post Code		Number of employees	Square feet of location	Managed by a third-party property manager
1.				Yes ☐ No ☐
2.				Yes ☐ No ☐
3.				Yes ☐ No ☐
4.				Yes ☐ No ☐
5.				Yes ☐ No ☐
6.				Yes ☐ No ☐
7.				Yes ☐ No ☐
8.				Yes ☐ No ☐
9				Yes ☐ No ☐
10.				Yes ☐ No ☐

Footfall measure

6.

Industry	Please provide	Answer per establishment
Bars & night clubs	number of staff	
Casinos	number of staff and gaming tables	
Commercial	number of staff	
Events and event spaces	number of events as well as number of daily attendees	
Healthcare	number of beds	
Hotels and motels	number of beds	
Industrial	number of staff	
Leisure	number of staff	
Municipal	number of staff	
Museums and libraries	daily visitors	
Non Profit	number of staff	
Offices	number of staff	
Open spaces	sq footage	
Other medical	average number of daily patients	
Parking lots	sq footage	
Religious	congregation number	
Residences	number of units	
Restaurants	number of staff and covers per day	
Retail	number of staff	
Senior care	number of beds	
Shopping malls	number of units	
Summer camps	number of staff	
Transport	daily routes	

Answer any that apply:

a. Are any of your venues open 24 hours or after 10pm.

Yes ☐ No ☐

If 'Yes', please advise hours:

b. Do you serve alcohol on site?

Yes ☐ No ☐

c. Does your premises include a car park?

Yes ☐ No ☐

d. Do you own the carpark or have an insurable interest in the carpark?

Yes ☐ No ☐

Security/crisis management plans

7. Does this premise have a documented security plan?

Yes ☐ No ☐ N/A ☐

If 'Yes', please provide copy.

8. Is there on-site security personnel?

Yes ☐ No ☐ N/A ☐

a. Are your security staff safety act certified?

Yes ☐ No ☐ N/A ☐

If 'Yes', are they employees

☐

or contracted

☐

9. Number of guards:

10. Are the guards armed?

Yes ☐ No ☐ N/A ☐

11. Security guard hours:

24 hours

☐

9am-5pm

☐

Other:

☐

please write in hours guards are on duty:

If you have third party security please confirm whether there is an indemnification agreement between security and the insured.

12. Has anyone conducted a security inspection in last five years?

Yes ☐ No ☐ N/A ☐

(law enforcement, private consultant, risk manager, etc.) Please share report.

13. Are there physical access controls used on site, e.g., gates, fencing, locks, etc.?

Yes ☐ No ☐ N/A ☐

Please describe:

14. Are there security cameras?

Yes ☐ No ☐

15. If you answered 'Yes' to the above how many security cameras do you have on site?

16. What percentage of your current budget is dedicated to security (personnel, equipment, etc.)?

%

\$

If 'Yes', are they employees

☐

or contracted

☐

17. If you have exposure in CA are you SB553 compliant?

Yes ☐ No ☐

Preparedness

18. Does your location/premise have a written plan for staff to respond to emergencies?
Please provide copy. Yes ☐ No ☐ N/A ☐
19. Do you conduct training and emergency response drills for your staff on the emergency response plan?
How often? Yes ☐ No ☐ N/A ☐
20. Has your emergency response plan been designed or reviewed by an independent third-party risk consultant/first responder organization? Please provide report. Yes ☐ No ☐ N/A ☐
21. Is there an Active Shooter plan in place at this premise? Please provide copy. Yes ☐ No ☐ N/A ☐
22. Do you have a media and social media monitoring program that would provide you with notice of events or circumstances that could lead to violence at your premise?
Who does the monitoring? Yes ☐ No ☐ N/A ☐
23. Do on-site employees receive training on how to recognize, report, and respond to potentially hostile employees or situations? Yes ☐ No ☐ N/A ☐
24. Do you have a written policy on workplace violence that is available to all employees at this location? Yes ☐ No ☐ N/A ☐
25. Screening measures for employees Yes ☐ No ☐
26. Screening measures for third parties Yes ☐ No ☐
27. What percentage of your workforce is unionized? %
28. If the premises are managed by a Third-Party property manager please advise
- a. How often do you communicate with the on-site property managers or Third-Party Property Managers of the premises in your portfolio?
- b. Do you require on site property managers or Third-Party Property Managers to report all incidents of violence and how is such information reported?
Please provide a copy of the log where these incidents are recorded. Yes ☐ No ☐ N/A ☐

Policy details

29. Do you currently have, or have you at any time had, a general liability policy? Yes ☐ No ☐
30. Have you ever been declined or accepted under special terms for general liability insurance, or has any insurer ever cancelled or declined to renew your policy? Yes ☐ No ☐
31. Does your general liability policy have exclusions or sub-limits for assault and battery or any other violent acts? Or, have you been notified an exclusion will be applied at your next renewal?
Sub-limits: Yes ☐ No ☐
- If 'Yes', what are the sub-limits:
32. Does your general liability policy have a firearms exclusion? Yes ☐ No ☐
33. Do you currently have, or have you at any time had, a deadly weapon protection, active assailant or malicious attack policy? Yes ☐ No ☐

34. Deadly weapon protection coverage required?

	Proposed effective date	Limit of liability (USD)	Excess (USD)
Option 1			
Option 2			
Option 3			

History of violence

35. Have there been any violent **attacks, threats or incidents** (including domestic violence, shootings, stabbings, explosives, etc.) at this premise during the **last 5 years**? Yes ☐ No ☐ N/A ☐

If you have had any **violent attacks, threats or incidents** (including domestic violence, shootings, stabbings, explosives, etc.) at this premise during the **last 5 years**, provide the following:

Be sure to include events:

- that may not have been insured
- involving perpetrators and/or victims that did not reside in your premise
- Address where incident occurred
- A description of injuries/fatalities
- # of victims
- Whether law enforcement responded
- Whether there was a claim filed or litigation as a result of any of these events and if a payment was made, the amount of such payment.

36. Do you request employees and tenants notify you of a restraining order or other legal order they have obtained, such as against a non-custodial parent? Yes ☐ No ☐ N/A ☐

37. Are you aware of any current restraining orders pertaining to individuals who live or work at your insured premises? Yes ☐ No ☐ N/A ☐

If 'Yes', please describe (consistent with any privacy requirements)

38. Has your organization applied for any restraining orders to be issued on its behalf? Yes ☐ No ☐ N/A ☐

39. During the past year? ☐ Yes ☐ No ☐ N/A Five years Yes ☐ No ☐ N/A ☐

If 'Yes', please describe (consistent with any privacy requirements):

Important Notices

Duty of Disclosure

Before You enter into an insurance contract, You have a duty to tell Us anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms.

You have this duty until We agree to insure You.

You have the same duty before You renew, extend, vary or reinstate an insurance contract. You do not need to tell Us anything that:

- reduces the risk We insure You for; or
- is common knowledge; or
- We know or should know as an insurer; or
- We waive Your duty to tell Us about.

If You do not tell Us something

If You do not tell Us anything You are required to, We may cancel Your contract or reduce the amount We will pay You if You make a claim, or both.

If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

Privacy Statement

In this Privacy Statement the use of “We”, “Us” and “Our” means the Insurer and Coast unless specified otherwise.

We are committed to the safe and careful use of Your personal information in the manner required by the Privacy Act 1988 (Cth) and the Australian Privacy Principles and the terms of this Policy.

We collect Your personal information in order to assess Your application for insurance and, if Your application is accepted, to administer and manage Your insurance policy and respond to any claim that You make. To do this, Your personal information may need to be disclosed to reinsurers and service providers and related entities who carry out activities on Our behalf, such as assessors and facilitators, some of whom may be located in overseas countries such as the United Kingdom.

Our contractual arrangements generally include an obligation for these reinsurers, service providers and related entities to comply with Australian privacy laws.

By providing Us with Your personal information, You consent to the disclosure of Your personal information to reinsurers, service providers and related entities in overseas countries to enable Us to assess Your application, to administer and manage Your insurance Policy and to respond to any claim that You make. If You consent to the disclosure of Your personal information to overseas recipients, and the overseas recipient handles Your personal information in a way other than in accordance with the Australian privacy laws, We may not be responsible for the handling of Your personal information by the overseas recipient.

If You choose not to provide Your personal information and/or choose not to consent and/or withdraw Your consent to the disclosure of Your personal information to overseas entities at any stage, We may not be able to assess Your application or administer and manage Your insurance policy and respond to any claim that You make.

Our privacy policies contain information on how You may access personal information that each of us hold, or seek correction of Your personal information and information on how to make a complaint about the handling of Your personal information and how complaints are handled. If You require more information, You can access Coast's Privacy Policy and Privacy Statement at www.coastins.com.au

Print Name of Insured

Signature of Insured

Date