

1300 360 908COVERSURE PTY LTD ABN 84 413 814 665 AFSL 407505

Security Crowd Control Questionnaire

INSURED DETAILS											
Insured Name											
Preferred Contact No.	Email										
Address											
Please provide the following details regarding your three main Crowd Control venues:											
VENUE 1											
What percentage (%) of your total Crowd Control turnover is derived from this venue?											
Name	,	Addı									
Discos / Nightclubs	%	els /		%	Clubs	%		ainment /	%	Other	%
Nightclubs 70 Taverns What nights do you work? (please tick)					☐ Sun	☐ Mon	Sports Tu	es Wed	☐ Thur	☐ Fri	☐ Sat
Usual start time:			Usual finish time:			— 141611		ge no. of guard		3 111	3 Sat
Do you have a signed client contract?			Yes 🔲 No 🕻			Ave. crowd/audience attending:					
No. restrained evictions / week				Do you record evictions?							No 🗖
Details of duties (door duties, glass											
collection, patron evictio	n etc)										
VENUE 2											
	our tota	l Crowe	d Cont	trol turn	over is der	ived from t	his venu	e?			%
What percentage (%) of your total Crowd Control turnover is derived from this venue? Name Address Address											
Discos / Nightclubs	%	els / erns		%	Clubs	%		ainment / s Venues	%	Other	%
What nights do you work? (please tick)					☐ Sun	☐ Mon	☐ Tu		☐ Thur	☐ Fri	☐ Sat
Usual start time:	Jsual start time:			al finish	time:		Avera	ge no. of guard	ds:		
Do you have a signed client contract?				Yes No Ave. crowd/audience attending:							
No. restrained evictions / week				Do you record evictions?						Yes \Box	No 🗆
Details of duties (door duties, glass collection, patron eviction etc)											
constitution of the state of th											
VENUE 3											
What percentage (%) of your total Crowd Control turnover is derived from this venue?											
Name		Addi	ress								
Discos / Nightclubs	% Hot	els / erns		%	Clubs	%		ainment / Venues	%	Other	%
What nights do you work? (please tick)					☐ Sun	☐ Mon	☐ Tu	es 🔲 Wed	☐ Thur	☐ Fri	☐ Sat
Usual start time:	ə:			Usual finish time:			Average no. of guards:				
Do you have a signed client contract?				Yes 🔲 No 🗋 Ave. crowd/audience attending:							
No. restrained evictions / week				Do you record evictions?						Yes 🗆	No 🗖
Details of duties (door duties, glass collection, patron eviction etc)											
CLAIMS											
Please detail any circumstances over the past five years which you think may give rise to a crowd control claim?											
SIGNATURE OF INSURED											
Name	Name				Sign	ature					
Position					Date						_