



# General Liability

*General Public and Products Liability*

V0121

## Important Notices

**PEN UNDERWRITING PTY LTD**  
ABN 89 113 929 516 AFSL 290518

### YOUR 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

Pen Underwriting and the Insurer(s) handle your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about you to provide you with insurance and insurance related services. We may disclose your personal information to third parties for the purposes described in our Privacy Policy, including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United States of America, United Kingdom, Singapore, Germany, Sweden and India. By asking us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure (including overseas disclosure) of your personal information for the purposes described in our Privacy Policy. Where you provide personal information about others, you represent to us that you have made them aware of that disclosure and of our Privacy Policy and that you have obtained their consent. If you do not consent to provide us with the personal information that we request, or withdraw

your consent to the use and disclosure of your personal information at any stage, we may not be able to offer you the products or provide the services that you seek. For information about how to access and or correct the personal information we hold about you or if you have any concerns or complaints, ask us for a copy of our Privacy Policy or visit <https://www.penunderwriting.com.au/important-information/>.

# Instructions

Please download and save this PDF to your desktop and open via Adobe Acrobat to fill out digitally. Filling the form out in your browser will not save your answers.

Please read this Proposal Form fully prior to answering the questions.

- Answer all questions in full. Where appropriate, tick the 'Yes' or 'No' box that best indicates your reply.
- If there is insufficient space, provide further information on your letterhead.
- All attached documents form part of this Proposal.

This application is for  New Business  Renewal - Policy Number (if known) is: .....

## 1. Your Details

Name(s) including subsidiaries: .....

..... ABN .....

..... ABN .....

Trading Name: .....

Name(s) of Principals/Partners/Directors: .....

.....

.....

Postal Address: .....

..... Postcode: .....

## 2. Period of Insurance Requested:

From: ..... at 4pm To ..... at 4pm

## 3. Cover Required

Public Liability \$..... any one occurrence

Products Liability \$..... annual aggregate

## 4. Business

Description: .....

.....

If your business description has undergone any changes in the last 12 months describe your past and present operation(s):

.....

.....

How long have you been established in this business? .....

## 5. Premises

How many premises are located within Australia? .....

Address of your major location: .....

Overseas premises for which cover is required under this insurance:

Country	Number

**6. Leased Premises**

Location					
Occupancy					
Construction					
Fire Protection					
Value of Building					

Do you arrange for and pay the cost of insurance for damage to these buildings as a result of fire?

Yes  No

**7. Turnover and Rentals**

Estimated Annual Turnover	\$
Estimated Annual Gross Rentals	\$

**8. Estimated Annual Payroll (Including earnings of principals, directors and partners)**

Type	Country	Country	Country	Country	Country
	Australia				
Managerial					
Manufacturing					
Installation					
Other					
Total					

**9. Overseas Operations**

Provide the following details for overseas operations for which cover is required:

Country	Operations	Annual Turnover AUD\$
		\$
		\$
		\$
		\$

**10. Contractors / Sub-Contractors**

- (a) Do you use contractors and/or sub-contractors to perform work in your business?  Yes  No  
 If **Yes**,
- (i) Do they work under your direct supervision or control?  Yes  No  
 (ii) What is the estimated annual payment? \$.....  
 (iii) What is the nature of the work carried out? .....
- (b) Are contractors / sub-contractors required to carry their own insurance for:
- (i) Public Liability?  Yes  No  
 (ii) Workers' Compensation?  Yes  No  
 If yes, how is this checked? .....  
 .....  
 .....
- (c) What is the minimum limit for their Public Liability insurance? \$.....

**11. Labour Hire**

Do you use personnel supplied by labour hire companies to perform work in your business?  Yes  No  
 If **Yes**, provide details:

Company	Type of Work	Annual Payment
		\$
		\$
		\$
		\$

Are you required to insure these labour hire personnel for Workers Compensation?  Yes  No

**12. Provide details where any of the following are used in your business**

Boiler / Pressure Vessels .....

Car Parks .....

Lifting Equipment – Passenger/goods lift, escalators, hoists, cranes or other lifting equipment .....

.....

Railway Sidings .....

Unregistered Vehicles – Number & Type

Hazardous Substances - What hazardous substances are stored by you or used in your processes?

Substance	Quantity	Storage Method	Usage

**13. Products**

Provide details of all products for which insurance is required:

Product	Use	Turnover	Manufacture (M) Import(I) Distribute (D) Export (E)	Destination (If Export) Source Country (if Import)

**14. Design / Manufacturing**

- (a) Are any of your products designed or formulated by your own staff?  Yes  No
- (b) Do you design any parts or components for others?  Yes  No
- (c) Is there a separate design team / department?  Yes  No

If **Yes**, provide staff numbers, qualifications and experience: .....

.....

- (d) Is there a formal product design / safety review process?  Yes  No
  - (e) Do you manufacture to the designs, formulas, plans or specifications of others?  Yes  No
  - (f) Is the design of these products static or frequently changing? .....
  - (g) Provide details of quality control procedures and laboratory testing used: .....
- .....

(h) Can you identify the source of supply of every item in the manufacture of the products?  Yes  No

If **Yes**, provide details: .....  
 .....  
 .....

(i) Do all imported products meet Australian Standards?  Yes  No

If **No**, provide details: .....  
 .....  
 .....

(j) Are the products designed or manufactured for use in watercraft, aircraft or other aerial devices?  Yes  No

If **Yes**, provide details: .....  
 .....  
 .....

**15. USA and Canada**

(a) Do you export products to USA / Canada?  Yes  No

(b) Are you represented or do you have assets within the USA or Canada?  Yes  No

Provide details of all contractual agreements, terms and conditions existing between you and any USA or Canadian importer, distributor, agent or purchaser of the exported products:

.....  
 .....

(c) Is the importer, distributor, agent or purchaser insured for Products Liability for these products?  Yes  No

If **Yes**, are you included as a named insured in that Policy?  Yes  No

(d) How are the products exported (e.g. F.O.B.)? .....

(e) How long have such products been exported to the USA or Canada? .....

**16. Property of others in your Physical or Legal Control**

Do you in the normal course of business have the property of others in your care, custody and control?  Yes  No

If **Yes**,

(a) What is the total value? \$ .....

(b) What is the maximum value at any one time? \$ .....

Provide details of that property: .....  
 .....  
 .....

Is the property insured under another policy (eg. ISR, Property Insurance)?  Yes  No

If **Yes**, provide details:

Insurer	
Policy Number	
Policy Type	
Sum Insured/Sub Limit	

**17. Contractual Liability**

Provide details of all agreements where you assume liability under contract or hold others harmless:

.....  
 .....

**18. Asbestos**

Have you ever or are you likely to produce, import, install or remove any products or substances containing asbestos?  Yes  No

If **Yes**, provide details: .....

.....  
 .....

**19. First Aid**

What first aid facilities do you maintain at your business locations?

.....

Indicate the numbers and qualifications of persons you employ to administer first aid:

.....

**20. Claims**

Provide details of all liability claims made against you in the last 7 years (whether insured or not):

Date of Loss	Amount Paid	Amount Outstanding	Excess	Details
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

**21. Insurance History**

Has any Insurer ever declined, refused to renew, cancelled, or imposed special terms or conditions on any proposal, renewal or policy held by you?  Yes  No

If **Yes**, provide details: .....

.....  
 .....



**DECLARATION**

I/We declare that:

- I am authorised by each of the Applicant(s) to sign this Proposal
- The statements in this Proposal are true and complete and no material information has been withheld
- I have read and understood the Important Notices accompanying this Proposal
- I have diligently made all necessary enquiries in order to comply with the duty of disclosure
- I have read the Pen Underwriting Privacy Statement on this Proposal and consent to the use, disclosure and obtaining of personal information about the insured for the purposes shown in the Privacy Statement
- Where I have provided information about another individual, that individual has been made aware of that fact and of the Pen Underwriting Privacy Statement
- I acknowledge that Pen Underwriting relies on the information and representations in this Proposal and otherwise made by me or on my behalf in relation to this insurance
- Except where indicated to the contrary, I understand that any statement made in this Proposal will be treated as a statement made by all persons to be insured
- I undertake to notify Pen Underwriting of any material alteration to the information contained in this Proposal prior to inception of the proposed insurance
- I understand that no insurance is in place until such time as Pen Underwriting has confirmed acceptance of the proposed insurance

Signature:.....

Date: .....

Full Name:.....

Title: .....