



Professional Risks

Recruitment Services Package Proposal

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.

CLAIMS MADE POLICY

The Policy is issued on a claims made and notified basis. This means that the Policy only covers the Insured for claims first made against the Insured during the Period of Insurance and notified to us during the Period of Insurance.

Section 40(3) of the Insurance Contracts Act 1984 may provide additional rights at law. That section provides that where the insured gave notice in writing to the insurer of facts that might give rise to a claim against the insured as soon as was reasonably practicable after the insured became aware of those facts but during the period of insurance, the insurer is not relieved of liability under the contract in respect of the claim, when made, by reason only that it was made after the expiration of the period of insurance.

RETROACTIVE DATE

The Policy does not provide cover in relation to the provision of the Professional Services or the conduct of the Professional Business prior to the Retroactive Date.

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 www.penunderwriting.com.au.

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.

APPLICANT DETAILS

1. Name:
2. Address:
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Telephone Number: Facsimile Number:
Email Address:
Website Address:

3. Date Business established:

4. Details of all Principals

Name:				
Age:				
Qualifications:				
Years Practicing as Principal:	This Practice:		Previous Practice:	
	Period of Previous Practice:			
Name of Previous Business Practice:				

Name:				
Age:				
Qualifications:				
Years Practicing as Principal:	This Practice:		Previous Practice:	
	Period of Previous Practice:			
Name of Previous Business Practice:				

Name:			
Age:			
Qualifications:			
Years Practicing as Principal:	This Practice:		Previous Practice:
	Period of Previous Practice:		
Name of Previous Business Practice:			

5. Staff numbers

	Full Time	Part time
Partners / Directors		
Qualified Employees (Accountants/Consultants):		
All Other Staff:		
TOTAL		

6. Are you a member of any professional association? Yes No
 If **Yes**, state which association(s):

7. Mergers and acquisitions

- (a) Has the name of the business ever changed? Yes No
 - (b) Have you ever carried on your business under a prior corporate entity? Yes No
 - (c) Has any other business or practice amalgamated or merged with your business? Yes No
- If **Yes**, to any of the above, provide details:

8. Gross revenue

Current Year	Previous Year	Estimated next 12 Months
\$	\$	\$

9. Assets, Liabilities, Profit and Loss

Financial Information	Most Recent Financial Year End	Previous Financial Year End
Total Assets	\$	\$
Total Liabilities	\$	\$
Net Assets	\$	\$
Net Profit (Loss)	\$	\$

10. Split of Business Activities

Recruitment Services	Revenue Last Year	Revenue Estimate for Current Year
Permanent Placements	\$	\$
Temporary Placements of Employees and Contractors	\$	\$
Reference Checking	\$	\$
Human Resource Consulting	\$	\$
Psychological Testing	\$	\$
Training and Induction	\$	\$
Group Training of Apprentices and Trainees	\$	\$
Payroll Management	\$	\$
Contract Management Services	\$	\$
Outplacement Services	\$	\$
TOTAL REVENUE	\$	\$

11. Provide your fees for placing permanents and your gross wages and fees (including trust distributions) payable to on-hired Employees and on-hired Contractors. Provide actual amounts for last year and estimate for the current year

	Fees for Permanent Placements		Gross Wages Payable On-Hired Employee		Gross Fees Payable On-Hired Contractors	
	Last Year	Last Year	Last Year	This Year	This Year	This Year
Occupation - Professionals						
Accountants						
Aircraft Engineers						
*Allied Health						
Architects						
Engineers & Draftspersons						
IT Consultants						
Legal Practitioners						
Midwives						
Nurses						
*Other Professional						

	Fees for Permanent Placements		Gross Wages Payable On-Hired Employee		Gross Fees Payable On-Hired Contractors	
	Last Year	Last Year	Last Year	This Year	This Year	This Year
Occupation – White Collar						
Clerical / Secretarial						
*Hospitality						
Childcare Workers						
Attendant Carers						
*Other White Collar						
Occupation – Blue Collar	Last Year	Last Year	Last Year	This Year	This Year	This Year
Aircraft Maintenance						
Construction						
Industrial						
Labourers						
Mining – Above Ground						
Mining – Below Ground						
Scaffolders & Riggers						
Welders						
*Other Blue Collar						

* Provide details of occupations marked '*':

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12. Do you anticipate any substantial changes in your business or actives in the next 12 months? Yes No
 If **Yes**, to any of the above, provide details:
13. Is any principal aware of facts or circumstances which might affect the ability of the Applicant to meet all its debts as and when they fall due? Yes No
14. Do you use terms of business which incorporate disclaimers or limitations of liability in your business? Yes No
15. What percentage of on-hiring is carried out subject to the terms of business?%
 Attach a copy of your terms of business with this proposal.

16. Provide the approximate percentages of your revenue applicable to each State, Territory and Overseas

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O/S
____%	____%	____%	____%	____%	____%	____%	____%	____%

If overseas activities are carried out advise countries and percentage breakdown:

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17. Has any claim been made, or has negligence been alleged, against the Applicant or any of the present or former partners or directors, or have any circumstances which may give rise to a claim been notified to insurers? Yes No

If **Yes**, provide details

Year Notified	Insurer	Claimant	Nature of Problem	Estimate

18. After enquiry, are there any circumstances not already notified to insurers that may give rise to a claim against you or any prior business practice or any of the present or former partners or directors? Yes No

If **Yes**, provide details

Name of Company and Director	Claimant	Nature of Problem	Estimate

19. After enquiry, are there any claims against previous companies that have been identified in this Proposal that may give rise to a claim against either the Applicant or a partner or director? Yes No

If **Yes**, provide details

Name of Company and Director	Claimant	Nature of Problem	Estimate

20. Are you currently insured for Professional Indemnity or General Liability or Management Liability? Yes No

If **Yes**, provide details

Year	Insurer	Brief Description	Is it Finalised?	Total Amount Paid or Reserved
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

21. Has professional indemnity insurance or any other similar form of insurance for the Applicant or any of the principals or directors or firm or company of which any of the principals is or was a partner or director been:

(a) Declined? Yes No

(b) Cancelled or not renewed by the Insurer? Yes No

(c) Had special terms or restrictions imposed? Yes No

If **Yes**, provide details:

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22. Provide advise the limit(s) required

Professional Indemnity	General Liability	Management Liability
<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$500,000
<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$1,000,000
<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$20,000,000	<input type="checkbox"/> \$2,000,000
<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> Other:	<input type="checkbox"/> \$5,000,000
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:

23. Advise excesses required

Professional Indemnity	General Liability	Management Liability
<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$500	<input type="checkbox"/> \$2,000
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$5,000
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

24. Do you require your General Liability cover to extend to your On-Hired Contractors? Yes No

25. Do you require your Professional Indemnity cover to extend to your On-Hired Contractors? Yes No

26. Do you require a Fidelity extension? (If **Yes**, complete a Fidelity Addendum) Yes No

DECLARATION

I/We declare that:

- I/We 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/We have read and understood the Important Notices accompanying this Proposal
- I/We have diligently made all necessary enquiries in order to comply with the duty of disclosure
- I/We 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/We have provided information about another individual, that individual has been made aware of that fact and of the Pen Underwriting Privacy Statement
- I/We 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/We understand that any statement made in this Proposal will be treated as a statement made by all persons to be insured
- I/We undertake to notify Pen Underwriting of any material alteration to the information contained in this Proposal prior to inception of the proposed insurance
- I/We 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: