



Property

*Property Backpacker and Boarding House
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.

UNDERINSURANCE / AVERAGE

An underinsurance / average condition clause applies to this Policy. This means that if you underinsure, you will become your own insurer for a portion of the damage. Please check your policy wording for the applicable percentage.

Example:

The sum insured is declared as \$1,000,000. Property damage totalling \$500,000 occurs from an event covered by the Policy. The insurable value of such property at the commencement of the period of insurance is actually \$1,400,000. Average applies because the declared value is less than 85% of the insurable value calculated in accordance with the basis of settlement applicable. In this example, we would pay \$420,150 for the cost of reinstating your property, subject to the application of any excess.

Actual Property Value	$\$1,400,000 \times 85\% =$	\$1,190,000
Sum Insured	$\$1,000,000 / \$1,190,000 =$	84.03%
Loss	$\$500,000 \times 84.03\% =$	\$420,150
Excess	\$2,500	
Insurer Pays	\$420,150 less Excess	\$417,650

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 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 additional information separate to this Proposal.
- All attached documents form part of this Proposal.

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

1. Your Details

Name(s):
 ABN
 ABN
 Trading Name:
 Name(s) of Principals/Partners/Directors:

 Postal Address: Postcode:
 Contact Name: Email:
 Phone: Fax:

2. Business:

(a) Full Name of Interested Parties (eg Mortgagee):
 (b) Nature of Interest:

3. Period of Insurance Requested: From: at 4pm To at 4pm

4. General Questions

- (a) Has the business been operating for less than 12 months? Yes No
- (b) Estimated number of Employees
- (c) Is any portion of the property to be insured in a state of disrepair or poor condition? Yes No
- (d) Has the business been operating without insurance for more than 3 months? Yes No
- (e) Has any insurer declined an application by you, or cancelled or refused to renew a policy of yours or imposed special terms on your insurance? Yes No
- (f) Have you, or any person who will receive insurance protection under the proposed policy been charged with, or convicted of any criminal offence in the past 10 years? Yes No
- (g) Have you or any person who will receive insurance protection under the proposed policy been declared bankrupt or put into receivership or liquidation? Yes No
- (h) Are there any relevant facts relating to the proposed risk which you should disclose to us? Yes No
 If **Yes**, to any of the above, provide details:
- (i) Is the business trading profitably? Yes No
- (j) Estimated Turnover
- (k) Are your financial accounts audited at regular periods? Yes No

Detail any loss or damage to property (whether or not you made an insurance claim) in the last 5 years and, if applicable, the steps taken to prevent a recurrence:

Date Of Loss	Cause and Description	Amount \$	Applicable Excess \$	Insurer

Steps taken to prevent a recurrence:

.....

5. Location of Property to be Insured

Street Address: Postcode

6. Details of Properties to be Insured (Occupancy and Construction of Exterior Walls, Floors and Roof)

Situation 1			
Occupancy			
Construction			
Walls		Floors – Other	
Frame		No. of Storeys	
Roof		Approx. Age	
Floors – Ground			

(If construction of walls consists of more than one material, advise the approximate percentage split)

(a) Is there any Asbestos in the structure or installation of the Premises? Yes No

If **Yes**, detail the areas

.....

(b) Is there any EPS panelling in the structure or installation of the premises? Yes No

If **Yes**, provide details of the panelling and floor ratio (%) taken up by the EPS panelling:

.....

(c) Have Aluminium Composite Panels (ACP) been installed to the exterior of the building? Yes No

If **Yes**, provide details of the Panelling

.....

.....

7. Property Information

	Situation 1
Ownership	<input type="checkbox"/> Property Owner Only <input type="checkbox"/> Operator Only <input type="checkbox"/> Both Owner and Operator
Use of Building:	<input type="checkbox"/> Backpackers Hostel <input type="checkbox"/> Boarding House <input type="checkbox"/> Other (Specify)
How many accommodation rooms are there?	.....
How many beds per room?	.....
Age of Building/s	.....
Number of Stories:	.....
Does the risk have:	<input type="checkbox"/> Overnight/Live in Manager <input type="checkbox"/> Other (Specify e.g. 24/7 on site Management)
Are premises licenced and registered for intended use under local Council and State authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do premises comply with all Council and Fire Brigade regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. General Facilities Management

Are maintenance contacts in place for the following?

	Situation 1
Roof/guttering inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cleaning of Kitchens	<input type="checkbox"/> Yes <input type="checkbox"/> No
General cleaning of facility	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Services (a) Date of last service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are Switchboards open or closed?	<input type="checkbox"/> Open <input type="checkbox"/> Closed

Date Wiring Installed and or last replaced	.....
Date Electrics/ Switchboards last serviced	.....

9. Fire Protection Information

	Situation 1
Are smoke detectors fitted in all accommodation rooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , are they:	<input type="checkbox"/> Hard wired <input type="checkbox"/> Battery operated
Detection Type	<input type="checkbox"/> Thermal <input type="checkbox"/> Smoke
Are smoke detectors monitored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , are they Monitored by:	<input type="checkbox"/> Fire Brigade <input type="checkbox"/> Security Company <input type="checkbox"/> Locally <input type="checkbox"/> Other (Specify)
Is an automatic sprinkler system installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , specify Type of System Installed and coverage of facility	.....
Fire Alarms:	<input type="checkbox"/> Local <input type="checkbox"/> To Brigade <input type="checkbox"/> To Security
Are there extinguishers on each floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide a brief outline of the type, number and location of extinguishers throughout facility	.....
Hydrants:	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Both <input type="checkbox"/> No
Hose reels:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Protection (provide details)	.....

10. Cooking

Situation 1	
(a) Is there a communal kitchen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If Yes,</p> <p>(i) What additional fire protections in the kitchen (i.e fire. blanket, extinguisher)</p> <p>(ii) List of kitchen facilities and equipment</p>	<p>.....</p> <p>.....</p>
(b) Is cooking allowed in rooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If Yes,</p> <p>(i) What additional fire protections are in each room (i.e. fire blanket, extinguisher)</p> <p>(ii) What kitchen appliances are in rooms?</p>	<p>.....</p> <p>.....</p>

11. Security

Situation 1	
Burglar Alarms	<input type="checkbox"/> Local <input type="checkbox"/> To Security (Back to Base) <input type="checkbox"/> Nil
Other security features	.....
Guest / Resident lock out time	.....

12. Sum Insured Details

Sum Insured	
(a) Property	
(i) Building	\$
(ii) Contents	\$
(iii) Accidental Damage	\$.
(iv) Removal of Debris	\$
(v) Extra Cost of Reinstatement	\$
(vi) Other	\$
(vii) Business Interruption	\$

(b) Gross Profit	
(i) Claims Preparation Costs	\$
(ii) Additional Increased Cost of Working	\$
(iii) Loss of Rent	\$
(iv) Indemnity Period	\$
(c) Burglary/Theft	
(i) Contents	\$
(ii) Other	\$
(d) Money	
(i) In Transit	\$
(ii) On Premises during Business Hours	\$
(iii) On Premises Outside Business Hours	\$
(e) Glass	
(i) Is Glass cover required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION

I 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: