



Hospitality Liability

Property Owners Proposal

V1120

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.

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

1. Your Details

Full Name:

ABN:

Trading Name:

Interested Parties:

What interest do the above parties have?

Business Description:

Business Address:

.....

Days and hours of operation:

Years in Operation: This business:years

Any similar business:years

Website Address:

Do you provide any professional advice or instruction for a fee? Yes No

If Yes, please provide details:

.....

What percentage of GST on Premium do you intend claiming as an Input Tax Credit?%

Are your books of accounts prepared by a public accountant each year? Yes No

Have you or any Director or Partner or Manager of the business ever:

(a) had insurance declined or cancelled? Yes No

(b) had an insurer refuse or not invite renewal? Yes No

(c) has any special conditions imposed on a policy of insurance? Yes No

(d) had a special excess imposed on a policy of insurance? Yes No

(e) had a claim rejected under a policy of insurance? Yes No

(f) been declared bankrupt or put into receivership or liquidation? Yes No

(g) been charged with or convicted of a criminal record? Yes No

2. Premises One

Business Address			
Walls	<input type="checkbox"/> Brick/Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Iron	Other:
Roof	<input type="checkbox"/> Concrete	<input type="checkbox"/> Timber	<input type="checkbox"/> Iron	Other:

Describe the business activities carried out by the occupants of the premises:

- (a) Your own business:
- (b) Other Occupants:

3. Premises Two

Business Address			
Walls	<input type="checkbox"/> Brick/Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Iron	Other:
Roof	<input type="checkbox"/> Concrete	<input type="checkbox"/> Timber	<input type="checkbox"/> Iron	Other:

Describe the business activities carried out by the occupants of the premises:

- (a) Your own business:
- (b) Other occupants:

4. Premises Three

Business Address			
Walls	<input type="checkbox"/> Brick/Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Iron	Other:
Roof	<input type="checkbox"/> Concrete	<input type="checkbox"/> Timber	<input type="checkbox"/> Iron	Other:

Describe the business activities carried out by the occupants of the premises:

- (a) Your own business:
- (b) Other occupants:

5. Premises Four

Business Address			
Walls	<input type="checkbox"/> Brick/Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Iron	Other:
Roof	<input type="checkbox"/> Concrete	<input type="checkbox"/> Timber	<input type="checkbox"/> Iron	Other:

Describe the business activities carried out by the occupants of the premises:

- (a) Your own business:
- (b) Other occupants:

For additional premises, please provide details on your letterhead and include with this Proposal form.

6. Business Operation Details

Indemnity Limit required: \$ any one occurrence

Full description of Proposer's business activities:

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Do you engage any contractors and or subcontractors? Yes No

If Yes,

(a) What services do you contract out?

(b) Annual Cost: \$

(c) Are they required to have Public and Products Liability Insurance? Yes No

(d) What steps do you take to ensure that contractors have valid insurances in place?

.....

Gross Annual Rental income: \$

Please provide income as a percentage split by state:

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	Other
____%	____%	____%	____%	____%	____%	____%	____%	____%

Give details of any agreements you have made which you have:

(a) Accepted Liability which would not normally be your responsibility

.....

(b) Given away your legal rights of recovery from other parties:

.....

7. Claims History

In the last 5 years, have you sustained loss or damage (insured or not) of a type against which insurance is now being sought?

If Yes, please provide details

Name of Claimant	Particulars	Date of claim	Insurer	\$ Value of claim
				\$
				\$
				\$
				\$
				\$

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: