



General Liability

Rail Contractors Liability 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.

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. Current Insurer

.....

3. Period of Insurance

From: at 4pm To at 4pm

4. Cover Required

Public Liability \$ any one occurrence

Products Liability \$ annual aggregate

5. Business

Description:

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

How long have you been established in this business?

6. Estimated Annual Turnover

Work on, over, under or adjacent to tracks	\$
Work on platforms	\$
Work on signalling	\$
Other rail work (please specify) _____	\$
Non-rail work	\$
Total:	\$

7. Estimated Annual Payroll (including earnings of principals, directors and partners)

Management / office staff	\$
Rail associated work	\$
Other (please specify) _____	\$
Total	\$

8. Contractors/Sub Contractors/ Labour Hire

	Type of Work	Annual Payment
Contractors		\$
Sub-Contractors		\$
Labour Hire		\$

(a) 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?

(b) What is the minimum limit for their Public Liability insurance? \$.....

(c) Are you required to insure labour hire personnel for Workers Compensation? Yes No

9. Products

Provide details of your products:

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

10. Activities:

Provide details for the activities that you or any contractors/sub-contractors conduct

Activity	Conducted	Details
Manufacture	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Demolition	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Blasting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Welding/Hotworks	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Activity	Conducted	Details
Asbestos Removal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Work in Tunnels	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Work with on track machinery	<input type="checkbox"/> Yes <input type="checkbox"/> No	

11. Provide details of quality assurance

.....

12. Provide details of induction programs for employees and contractors/ sub-contractors/ labour hire personnel

.....

13. Provide details of goods in your physical and legal control

.....
 Limit Required: \$.....

14. Does your product and or services comply with the relevant Australian Standards? Yes No

15. Do you assume liability under contract or hold other harmless (other than lease liability)? Yes No

If **Yes**, provide details:

16. Have you or anyone in your employ ever been charged with any breaches of the relevant Occupational and / or Workplace Health and Safety Acts in respect of your business operations? Yes No

If **Yes**, provide details:

17. 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

18. 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: