



Property

Industrial Special Risks 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.

CO-INSURANCE

A co-insurance clause applies to the 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 co-insurance 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 further information on your letterhead.
- 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) in full of Principals/Partners/Directors:

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

2. Full Name of Interested Parties (eg Mortgagee):

Nature of Interest:
 Describe the main activities of your business

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

4. General Questions

(If more than one person, director, company or entity comprises the insured, all questions apply to all persons, directors, companies and entities and answers provided will be regarded as answers by all parties to this proposal.)

- (a) Has any insurer declined an application from you, or cancelled or refused to renew a policy of yours or imposed special terms on your insurance? Yes No
- (b) Has the business been operating for less than 12 months? Yes No
- (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) 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
- (f) 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
- (g) 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 full details:
- (h) Is the business trading profitably? Yes No

- (i) Estimated Turnover:
 - (j) Estimated number of Employees:
 - (k) Are your financial accounts audited at regular periods? Yes No
 - (l) Is a complete record kept of stock received and sold? Yes No
- If **No**, explain how a loss could be quantified and valued:
-
-

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

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.....

5. Location(s) of Property to be Insured

Location 1: Postcode

Location 2: Postcode

Location 3: Postcode

6. Details of Premises listed (Provide details for each Location):

	Location 1	Location 2	Location 3
Occupancy			
Construction			
Walls			
Frame			
Roof			
Floors – Ground			
Floors – Other			
No. of Storeys			
Approx. Age			

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

Is there any Asbestos in the structure or installation of the Premises? If so, provide details

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Is there any EPS panelling in the structure or installation of the premises? If so, provide details of the panelling and floor ratio (%) taken up by the EPS panelling:

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Have Aluminium Composite Panels (ACP) been installed to the exterior of the building? If so, provide details of the Panelling:

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7. Declared Values

(a) Section 1 - Property Damage	Location 1	Location 2	Location 3
Building/s	\$	\$	\$
Plant, machinery, leasehold improvements, & other Trade Contents (excluding Stock)	\$	\$	\$
Stock / Merchandise	\$	\$	\$
Removal of Debris	\$	\$	\$
Other (Please specify)	\$	\$	\$
Total declared values	\$	\$	\$

(b) Section 2 – Consequential Loss

(i) Gross Profit:	\$
Gross Revenue:	\$
Gross Rentals:	\$
Rent Receivable:	\$
Rent Payable:	\$
Claims Preparation Costs/Professional Fees:	\$
Payroll (100%)	\$
Payroll (Dual Basis)	\$
Additional increase cost of working	\$
Other (Please specify)	\$
Total	\$

(ii) Indemnity Period: months

(iii) Dual Payroll Limits:

 Initial period % for weeks

 Remainder Percentage % for weeks

 Consolidation period: weeks

(iv) Uninsured Working Expenses (applicable only to the definition of Gross Profit):

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8. Limits of Liability

The amounts hereunder represent the insurers maximum Limits of Liability any one loss or series of losses arising out of any event at any one Situation subject to any lesser Limits of Liability specified elsewhere in the Policy.

Section 1 – Material Loss Damage \$

Section 2 – Consequential Loss \$

Combined Section 1 & 2 \$

9. Sub-Limits of Liability

The liability of the Insurer(s) shall be further limited in respect of any loss or series of losses arising out of any one event at any one Situation as set out hereunder and it is understood and agreed that such Sub-Limits shall not increase the liability of the Insurer(s) beyond the Limit(s) of Liability expressed above and also the undermentioned deductibles(s) will apply in respect of such Sub-Limits but shall not be cumulative

Section 1	Sublimit \$
Accidental Damage	\$
Extra Cost of Reinstatement	\$
Removal of Debris	\$
Burglary and or Theft (other than Money)	\$
Theft Without Forcible Entry	\$
Money In Transit or Night Safe	\$
Money on Premises During Business Hours	\$
Money on Premises Outside Business Hours	\$
Money on Premises in Securely Locked Safe/Strongroom	\$
Money in Private Residence	\$
Theft of Property in the Open Air	\$
Glass Replacement Value	\$
Directors'/Employees' Personal Property	\$ per person
Directors'/Employees' Personal Property	\$ in the annual aggregate
Temporary Protection	\$
Locks & Keys	\$
Statutory Enquiries	\$
Statutory Authority Fees	\$
Fire Extinguishment Fees	\$
Rewriting of Records	\$
Liability to Make Enquiries	\$

Section 1	Sublimit \$
Landscaping	\$
Damage to Property in Open Air as a result of Wind, Rainwater & Hail	\$
Unpacking Expenses	\$
Expediting Expenses	\$
Cost of Clearing Drains	\$
Loss of Land Value	\$
Additional Extra Cost of Reinstatement	\$
Liability for Duty	\$
Customers Goods	\$
Works of Art, Antiques and Curios	\$
Loss Minimisation Costs	\$
Customers Goods	\$
Other – please specify:	\$

Section 2	Sub-Limit
Claims Preparation Costs	\$
Additional Increased Cost of Working	\$
Public Utilities	\$
Prevention of Access	\$
Unspecified Suppliers' and/or Customers' Premises (Australia and New Zealand)	\$
Infectious or Contagious Diseases	\$
Contractual Fines and Penalties	\$
Other Contributing Properties	\$
Trade Exhibitions	\$
Other –Please specify	\$

Combined Section 1 & 2	Sub-Limit
Acquired Companies	\$
Acquired Properties	\$

Combined Section 1 & 2	Sub-Limit
Other –Please specify	\$

10. Fire Protection (at each Location)

Tick which of the following are applicable

	Location 1	Location 2	Location 3
Are the premises sprinkler protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes,			
- Are they maintained under a service contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
- What type of supply?	<input type="checkbox"/> Single <input type="checkbox"/> Dual	<input type="checkbox"/> Single <input type="checkbox"/> Dual	<input type="checkbox"/> Single <input type="checkbox"/> Dual
- Area coverage%	.....	.....	.....
Fire hydrants located throughout the premises	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire blankets	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hoses and reels	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hard wired thermal / smoke detectors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, battery or hardwired	.....	.....	.....
Area coverage%	.....	.....	.....
Fire alarm installed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Local, Monitored by Fire Brigade, Monitored by Security Company	.....	.....	.....
Name of Monitoring Company	.....	.....	.....
Area Coverage %	.....	.....	.....
Are premises on town water supply	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, provide full details of water source: .....	.....	
Distance (in kilometres) to nearest Fire Brigade	.....	.....	.....
Is Fire Brigade permanently staffed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Security (at each location)

Tick which of the following are applicable

	Location 1	Location 2	Location 3
Are all perimeter doors deadlocked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all perimeter windows protection by Bars/Grills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any skylights in the roof?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, how are they protected	.....	.....	.....
Random visit Security night patrols	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
PIR (Motion Detectors)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
CCTV Cameras	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Local sounding alarm only	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alarm Connected to monitoring company	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what type of system?	<input type="checkbox"/> GPRS	<input type="checkbox"/> Dedicated Line	<input type="checkbox"/> Digital Dialler

Who is notified in the event the alarm is activated Client Patrol Police

Does the monitoring company have access to the premises to investigate alarm activation? Yes No

Details of other security measures (eg. On Site Guards/Watchman, Guard Dogs, CCTV, Bollards):

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- 12. **Cooking** – Refer to the **Cooking Questionnaire** at www.penunderwriting.com.au/property-policy-proposals
- 13. **Woodworking** – Refer to the **Woodworking Questionnaire** at www.penunderwriting.com.au/property-policy-proposals

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: