

### **Important Notices**

Please read these Important Notices before completing the Proposal.

#### **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 handles 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 Kingdom 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](http://www.penunderwriting.com.au).

#### **Complaints Handling**

If you are dissatisfied with a decision Pen Underwriting makes, our service, the service of others we appoint to discuss insurance matters with you, or a claim settlement, we have an internal dispute resolution process to assist you. For further information, ask for a copy of our Complaints and Disputes Resolution Policy or visit [www.penunderwriting.com.au](http://www.penunderwriting.com.au).

#### **Further Information**

Your insurance broker can assist you to complete this Proposal. If you have any questions or need further information concerning your insurance, you should contact your insurance broker to assist you with your enquiry. You should direct all of your correspondence to Pen Underwriting through your insurance broker as he is your agent for this insurance.

**IMPORTANT NOTICE**

- 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.

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

**1. Proposer(s)**

Named Insured: .....

Trading Name: .....

Postal Address:.....

..... Postcode: .....

Telephone:..... Fax:.....

Email:.....

Named Insured is a:

- Partnership  Corporation  Joint Venture  Other

List all other insureds requesting coverage under the policy and describe their relationship with the Named Insured:

Other Insured	Relationship to Named Insured

**2. Insurance Programme**

a) **Limit of Liability:** Please indicate Limit of Liability required

Each incident:.....

Aggregate:.....

b) **Excess:** Please state required options for each incident excess to be retained by the proposer:

.....

c) **Has the proposer purchased this type of insurance in the last five (5) years?**

Yes  No

If 'yes' please provide details;

.....  
 .....  
 .....  
 .....

**3. Covered Operations**

a) **Revenues**

Please provide details of annual revenues for the last three years of account and an estimate for the forthcoming year:

Other Insured	Relationship to Named Insured

b) **Schedule of covered Operations;**

All activities should be detailed in the Covered operations schedule attached to this proposal form. Please complete this in full ensuring monetary values are entered in the 'revenue' column and a percentage in the 'subcontracted' column where applicable.

c) **Offshore:**

Please provide details of any covered operations undertaken on offshore rigs, platforms or other permanent structures.

d) **Do you have a written emergency spill response procedure?**

Yes  No

e) **What levels of insurance do you require subcontractors to carry:**

General Liability .....

Contractors Environmental / Pollution Liability .....

Professional Liability .....

f) **Do you require a written contract with subcontractors containing hold harmless and indemnification provisions with respect to environmental / pollution incidents prior to them commencing work for you?**

Yes  No

**Note**

*For the purposes of questions 4 a) to d) "you" means the named insured entity and any Director, Officer or Partner thereof.*

**4. Claims/Circumstances**

a) Have you in the last five (5) years had any reportable releases or spills of hazardous substances, hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations?

Yes  No

If 'yes' please provide details;

.....

.....

b) Have you in the last five (5) years been prosecuted or threatened with prosecution or are you currently being prosecuted for any offense directly or indirectly arising out of a release from the premises detailed above of any substance into sewers, any surface water, air, or into land or groundwater?

Yes  No

If 'yes' please provide details;

.....

.....

- c) List all the claims made against you during the last five (5) years for clean-up, bodily injury, property damage or nuisance, resulting from the release of hazardous substances, hazardous waste or other pollutants from the premises detailed above or any other locations owned or operated by you into the environment.

.....  
 .....

- d) At the time of signing this proposal, are you aware of any facts or circumstances which may reasonably be expected to give rise to a claim or claims being asserted against you for clean-up, bodily injury, property damage or nuisance arising from a release of pollutants into the environment or for environmental damage?

Yes  No

If 'yes' please provide details;

.....  
 .....

**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/s:** ..... **Date:**.....

**Name/s:** ..... **Title:**.....