

PROPOSAL FORM

**Demolition, Excavation, Earthmoving,
Salvage, Salvage Sales and Asbestos Removal**



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.

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.

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)

Full Name(s) of proposed insured including subsidiaries:

Company Name ABN

.....

.....

Postal Address: Postcode:

Full description of your operations and activities:

.....

Number of years in continuous business:

2. Period of Insurance required

From: at 4pm To: at 4pm

3. Limit of Indemnity

- (a) Public Liability: \$..... any one Occurrence
- (b) Products Liability: \$..... in the aggregate for all Injury / Damage during the Period of Insurance
- (c) Asbestos Removal Liability: \$..... in the aggregate for all Injury / Damage during the Period of Insurance

4. Details of Premises

Please provide details of the premises occupied for the purpose of conducting the Business

	<i>Premises 1</i>	<i>Premises 2</i>	<i>Premises 3</i>
Location:
Occupied As:
Age of Premises: Years Years Years
Please Select:	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="checkbox"/> Owned <input type="checkbox"/> Leased

(For any additional premises, please attach a schedule supplying details as above.)

5. Estimated Payroll

Estimated Annual Payroll (including earnings of Principals, Directors, Partners)

	<i>Payroll</i>	<i>Number of Staff</i>
Management, Clerical and Sales	\$
Manufacturing:	\$
Work away from premises:	\$
Payments to contractors and/or sub-contractors:	\$
Other (please specify):	\$

6. Estimated Annual Turnover

(a) Please indicate estimated annual turnover / annual gross income for the following categories:

<i>Description of Product / Work</i>	<i>Annual Turnover / Annual Gross Income</i>
Demolition:	\$.....
Excavation:	\$.....
Earthmoving, salvage, salvage sales:	\$.....
Asbestos Removal:	\$.....
TOTAL:	\$.....

(If applicable, attach product brochures, annual reports and other material.)

(b) Do you manufacture, import, supply and / or distribute any product? Yes or No

If Yes, please provide details:

.....

.....

7. Activities

(a) What type of buildings and/or structures do you demolish?.....

.....

(b) What is the maximum height of the buildings and/or structures that you demolish?.....

(c) What methods and/or machinery are used for demolition?.....

.....

(d) Outline details of largest demolition project undertaken in past 2 years:

.....

(e) What is the maximum depth of excavations that you undertake?

(f) Do you carry out underpinning/shoring up? Yes or No

If Yes, provide details of previous work undertaken and experience in this type of work:.....

.....

.....

8. Contractors / Sub-Contractors

Do you use contractors and/or sub-contractors to perform work in your business operations? Yes or No

If Yes,

Do they work under your direct supervision or control? Yes or No

What is the estimated annual Payment: \$

What is the nature of work carried out:.....

Are contractors / sub-contractors required to carry their own insurance for;

- i) Public liability Yes or No
- ii) Workers' compensation Yes or No

If yes, how is this checked?.....

.....

What is the minimum limit for their public liability insurance? \$

9. Labour Hire

(a) Do you use personnel supplied by labour hire companies to perform any work in your business? Yes or No

If Yes, please advise:

Company	Type of Works	Annual Payments
.....
.....
.....

Are you required to insure these labour hire personnel for Workers Compensation? Yes or No

Please provide copies of the indemnity and insurance clauses of agreements entered into with the labour hire company.

(b) Do you hire out any of your employees to third parties on a labour hire basis? Yes or No

If Yes, please advise: Estimated Annual Revenue: \$.....

Activities Undertaken:

10. Pollution

(a) Does your use and storage of all toxic substances comply with all statutory regulations and by-laws? Yes or No

(b) Do any of your trade processes produce toxic wastes and other pollutants which have the potential to cause injury to persons or damage to property or otherwise harm the environment? Yes or No

If Yes, please provide details:

(c) Does your waste disposal or waste storage comply with government regulations and by-laws? Yes or No

(d) Please give full details of any chemicals, gases, radioactive, explosive or toxic substances used and/or stored:

.....

(e) Are you required to hold EPA licenses? Yes or No

If Yes, please provide details:

11. Care, Custody and Control

Do you require cover for property of others in your care, custody or control? Yes or No
 (No coverage is afforded unless specifically endorsed to the policy.)

If Yes,

(a) What limit of indemnity do you require: \$.....

(b) What is the total value of such property at all locations? \$.....

(c) What is the maximum value of any one item? \$.....

(d) Give a brief description of such property:

.....

(e) Is coverage afforded by any other policy of insurance? Yes or No

If Yes, please provide details:

.....

12. General

(a) With regard to Demolition work, are you familiar with Australian Standard 2601 – 2001 “The Demolition of Structures” particularly Sections 1.5 to 1.8 and 2.1 to 2.5 and do you perform your operations in accordance with this Australian Standard? Yes or No

(b) With regard to Welding work, are you familiar with Australian Standard 1674 “Safety in Welding and Allied Processes” and do you perform your operations in accordance with this Australian Standard? Yes or No

13. Contractual Liability

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

If Yes, please provide full details and attach copies of all agreements (other than lease liability):

14. Professional Exposure

Do you provide any advice, design or specification to third parties (a) for a Fee? Yes or No

(b) for no Fee? Yes or No

(No coverage is afforded unless specifically endorsed to the policy.)

If Yes, please provide details:

15. Claims and / or Loss Experience

(a) After investigation with present and past insurers, please provide claims experience and/or uninsured loss experience over the last five years for losses and claims that would have been covered under the proposed insurance. Please show claim amount after the application of any excess.

Date of Loss	Total Amount Paid	Total Outstanding	Applicable Excess	Details

(b) After investigation, are you aware of any circumstances which could give rise to a claim under the proposed policy and which are not mentioned above? Yes or No

If Yes, please provide details:

16. 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 or No

If Yes, please provide details:

17. Duty of Disclosure

Are there any other matters to disclose to us to fulfil your Duty of Disclosure? Yes or No

If Yes, please provide relevant details:

18. Previous Insurer Details

Please state the name of your previous Insurance Carrier:

ONLY COMPLETE THE FOLLOWING QUESTIONS 18 TO 23 IF ASBESTOS LIABILITY IS REQUIRED, OTHERWISE PLEASE CONTINUE TO PAGE 6 AND COMPLETE THE DECLARATION.

19. Asbestos Removal

- (a) In what year did you commence removing Asbestos?
- (b) What type of Asbestos will you be removing?.....
.....
- (c) What methods are used to remove the Asbestos?

20. Turnover and Wages

Estimated Turnover and Wages for Asbestos related work

	<i>Turnover</i>	<i>Wages</i>
Actual for previous 12 months	\$.....	\$.....
Estimate for next 12 months	\$.....	\$.....

Note: This declaration is subject to audit.

21. Code of Practice

Do your employees and sub-contractors fully comply with the Code of Practice for working with Asbestos and man-made mineral fibres as provided by all regulations and / or codes of practice governing the removal of asbestos and man-made mineral fibres? Yes or No

Note: Indemnity is subject to government mandatory standards being adhered to by you.

22. Asbestos Liability Insurance

(a) Do you currently have Asbestos Liability Insurance? Yes or No

If Yes,

- (i) What retroactive coverage date appears on your insurance policy (if applicable)?
- (ii) What is your current deductible?

(b) Have you ever purchased Asbestos cover for a higher limit than the amount stated? Yes or No

If Yes, please provide full details (eg. if the limit applied to a specific year of operation or particular contract):

.....
.....

23. General

(a) With regard to Asbestos Removal, are you familiar with Australian Standard 2601 – 2001 “The Demolition of Structures” Section 1.6? Yes or No

(b) Do you adhere to the National Occupational Health and Safety Commission Code of Practice for Safe Removal of Asbestos NOHSC2020 “1988”, including amendments? Yes or No

24. Claims History

After investigation with present and past insurers, please advise of any Asbestos related claims suffered to date and any incident which you have been advised of or which may give rise to a claim.

<i>Date</i>	<i>Description</i>

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:**