

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.

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.

Privacy

Pen Underwriting and Swiss Re International SE ABN 38 138 873 211 (Swiss Re) handle your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information (including sensitive information) about you for purposes of issuing you with, and administering, this insurance product (including the handling and settlement of claims). Where possible, we will collect personal information directly from you or, where that is not reasonably practical, from other sources. We may also use your personal information for the purpose of promoting our products and services, designing or underwriting new insurance products, for research and analytical purposes, to perform administrative functions, and to comply with our legal obligations. We may disclose your personal information (including sensitive information) to third parties for the purposes described in our privacy policies, including insurers who may be located in the United Kingdom, reinsurers, reinsurance brokers, loss adjusters, external claims data collectors, investigators and others involved in the claims handling process, agents and service providers and related entities some of whom may be located in overseas countries, including Switzerland, India, United States of America and Bratislava. 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 policies. Where you provide us with personal information about others, you represent to us that you have made them aware of that disclosure and of our privacy policies 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 the Pen Underwriting and Swiss Re Privacy Policies 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)

Name(s) in full of Principals/Partners/Directors:

.....

.....

Trading Name:

.....

Postal Address: Postcode:.....

Contact Name:..... Email:.....

Phone:..... Fax:.....

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

Nature of Interest:.....

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.)

- (i) 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
- (ii) Has the business been operating for less than twelve months? Yes No
- (iii) Is any portion of the property to be insured in a state of disrepair or poor condition? Yes No
- (iv) Has the business been operating without insurance for more than 3 months? Yes No
- (v) 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
- (vi) Have you sustained any loss or damage to property (whether or not you made an insurance claim) in the last 5 years? Yes No
- (vii) 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, please provide full details:

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- (viii) Is the business trading profitably? Yes No
- (ix) Are your financial accounts audited at regular periods? Yes No
- (x) Is a complete record kept of stock received and sold? Yes No

If "No", explain how a loss could be quantified and valued:

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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):

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

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

7. Declared Values

(i) Section 1 - Property Damage	<i>Location 1</i>	<i>Location 2</i>	<i>Location 3</i>
Building/s	\$.....	\$.....	\$.....
Trade Contents (excluding Stock)	\$.....	\$.....	\$.....
Stock / Merchandise	\$.....	\$.....	\$.....
Removal of Debris	\$.....	\$.....	\$.....
Other (Please specify)	\$.....	\$.....	\$.....
TOTAL DECLARED VALUES	\$.....	\$.....	\$.....

(ii) Section 2 – Consequential Loss	
(a) Gross Profit:	\$.....
Professional Fees:	\$.....
Payroll	\$.....
Additional increase cost of working	\$.....
Other:	\$.....
TOTAL	\$.....

- (b) Indemnity Period: months
- (c) Payroll Limits: \$..... for..... weeks % for.....weeks
- (d) Consolidation period: weeks
- (e) Uninsured Working Expenses (applicable only to the definition of Gross Profit):

(f) Extension – Suppliers' / Customers' Premises		
<i>Name of Supplier/Customer</i>	<i>Situation</i>	<i>% limit or Gross Profit</i>
.....
.....
.....
.....

8. Limits of Liability – Maximum Limit of Liability at any one location:

Section 1 – Material Loss Damage \$

Section 2 – Consequential Loss \$

9. Sub-Limits of Liability and Deductibles

	Sub-Limit	Deductible
Loss or Destruction of damage to or by:		
(i) Burglary or theft, or any attempt thereat	\$.....	\$.....
(ii) Money (a) In transit	\$.....	\$.....
(b) On the Proposer’s premises during business hours	\$.....	\$.....
(c) On the Proposer’s premises outside business hours	\$.....	\$.....
(d) On the Proposer’s premises whilst contained in securely locked safe or securely locked strongroom	\$.....	\$.....
(e) In the personal custody of:.....	\$.....	\$.....
(iii) Clothing and tools of trade of directors and employees	\$.....	\$.....
(iv) Accidental Damage	\$.....	\$.....
(v) Glass Breakage	Replacement Value	\$.....
(vi) Cost of demolition and removal of debris	\$.....	\$.....
(vii) Other – please specify:	\$.....	\$.....

10. Fire Protection (at each Location)

Please 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
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
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”, please 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
If Woodworking - is dust extraction system used?	<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 cooking equipment used, are deep fryers in use?	<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 units fitted with thermostatically controlled cut off switches?	<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)

Please 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
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
Electronic Burglar Alarm with Movement sensors	<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
Connected to monitoring bureau	<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:

If "Yes",

- Monitored by whom:
- What type of system? Land Line Securitel Digital Dialler
- Has the monitoring company been instructed to send a security patrol in response to alarm activation? Yes No
- 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):

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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:**