

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)

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

Trading Name:

Postal Address: Postcode:

2. Permanents

Please advise annual expected fees for placing candidates on a permanent basis:

White Collar		Blue Collar *	
Clerical / Secretarial	\$	Manufacture / Industrial	\$
Retail	\$	Mining aboveground	\$
Hospitality	\$	Mining underground	\$
Accountants	\$	Construction	\$
Architects	\$	Scaffold / Rigging	\$
Engineers	\$	Earthmoving / Demolition	\$
IT Consultants	\$	Transport / Storage	\$
Healthcare / Nurses	\$	Utilities	\$
Other (Please specify below)	\$	Agriculture / Forestry	\$
		Other (Please specify below)	\$

Details:

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* (Blue collar is defined as manual labour and / or trades people both qualified and unqualified)

3. On hired services

Please advise Annual expected GROSS WAGES for your employees who are on-hired to your clients

White Collar		Blue Collar *	
Clerical / Secretarial	\$	Manufacture / Industrial	\$
Retail	\$	Mining aboveground	\$
Hospitality	\$	Mining underground	\$
Accountants	\$	Construction	\$
Architects	\$	Scaffold / Rigging	\$
Engineers	\$	Earthmoving / Demolition	\$
IT Consultants	\$	Transport / Storage	\$
Healthcare / Nurses	\$	Utilities	\$
Other (Please specify below)	\$	Agriculture / Forestry	\$
		Other (Please specify below)	\$

Details:

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4. Contractors

In the categories below, please set out the gross fees that you pay to contractors (which includes sole traders, partnerships, trusts and proprietary companies) who are on-hired to your clients;

White Collar		Blue Collar *	
Clerical / Secretarial	\$	Manufacture / Industrial	\$
Retail	\$	Mining aboveground	\$
Hospitality	\$	Mining underground	\$
Accountants	\$	Construction	\$
Architects	\$	Scaffold / Rigging	\$
Engineers	\$	Earthmoving / Demolition	\$
IT Consultants	\$	Transport / Storage	\$
Healthcare / Nurses	\$	Utilities	\$
Other (Please specify below)	\$	Agriculture / Forestry	\$
		Other (Please specify below)	\$

Details:

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5. 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?.....

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

6. Staff Details

Please list the current staff numbers of the insured AND principal location by state.

Type	Main Location
Director / Principals:
Internal Employees:
On-hired Employees:
On-hired Contractors:
Total	

7. Terms of Business

Please provide a copy of the On Hire Agreement (conditions of assignment) or standard terms of business or client contract.

8. Claims

After investigation with present and past insurers, have you in the last seven (7) years had a claim made against you (whether insured or not) for this type of insurance? Yes or No

If Yes, please provide full details:

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9. Insurance History

Has any insurer ever declined, refused to renew, cancelled, or imposed special terms or conditions to any proposal, renewal or policy held by you? Yes or No

If Yes, please provide details:

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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:**