

# PROPOSAL FORM

## Public and Products Liability Claims Occurring



### **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)**

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

Trading Name: .....

Postal Address: ..... Postcode: .....

**2. Business**

Description: .....

*(Please attach any relevant brochure(s) or Annual Report)*

If your business description has undergone any changes in the last 12 months please describe past and present operation(s) .....

How long have you been established in this business? .....

**3. Premises**

How many premises are located within Australia? .....

Please provide address of your major location:.....

List number of premises by country where located outside Australia and for which cover is required under this proposed insurance: .....

**4. Period of Insurance** From:..... at 4pm To:..... at 4pm

**5. Cover Required**

Public Liability \$ ..... any one occurrence

Products Liability \$ ..... annual aggregate

**6. Estimated Annual Turnover** \$ .....

**7. Estimated Annual Gross Rentals** \$ .....

**8. Estimated Annual Payroll** *(Including earnings of principals, directors and partners)*

Please provide the name of each overseas country and corresponding payroll figures:

Type	Country	Country	Country	Country	Country
	Australia				
Managerial					
Manufacturing					
Installation					
Other					
<b>Total</b>					

**9. 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? \$.....

**10. Labour Hire**

Do you use personnel supplied by labour hire companies to perform work in your business operations?  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.

**11. Give details of any of the following used in your business**

Boiler / Pressure Vessels .....

Car Parks .....

Lifting Equipment – Passenger/goods lift, escalators, hoists, cranes or other lifting equipment .....

Railway Sidings.....

Unregistered Vehicles – Number & Type .....

Hazardous Substances - What hazardous substances are stored by you or used in your processes?

Substance	Quantity	Storage Method	Use by you

**12. Products**

Please give details of all products in respect of which insurance is required.

(Please attach any product brochure(s), other descriptive documents).

Description of Product	Function/Use of product	(M) Manufacture (I) Import (D) Distribute	Turnover \$	Exports \$	Destination

**13. Design / Manufacturing**

Are any of your products designed or formulated by your own staff?  Yes or  No

Do you design any parts or components for others?  Yes or  No



**15. Contractual Liability**

Cover for liability assumed under contract or agreement will be limited to public liability (but excluding liability assumed in respect of the failure of the Proposer to effect insurances over leased property, penalties or liquidated damages or arising from the sole negligence of the Indemnitee) or liability assumed under a warranty of fitness or quality as regards your products, or specifically agreed contracts. Please give full details and attach copies of all agreements where you assume liability under contract or hold others harmless:

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

**16. Premises You Lease** - As regards non-owned premises, please advise the following per situation:

<b>Location</b>					
<b>Occupancy</b>					
<b>Construction</b>					
<b>Fire Protection</b>					
<b>Value of Building</b>					

Do you arrange for and pay the cost of insurance for damage to these Buildings as a result of fire?  Yes or  No

**17. Foreign**

Please supply the following details as regards overseas operations for which cover is required under this insurance

<b>Country</b>	<b>Operations</b>	<b>Annual Turnover AUD\$</b>

**18. Smoking**

Is smoking banned within premises occupied by you?  Yes or  No

**19. Asbestos**

Have you ever or are you likely to produce, import, install or remove any products or substances containing asbestos?  Yes or  No

If yes, please provide full details: .....  
 .....  
 .....

**20. First Aid**

What first aid facilities, if any, do you maintain at the locations stated?  
 .....

Indicate the numbers and qualifications of persons you employ to administer first aid:  
 .....

**21. Claims**

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

If yes, please provide full details: .....  
 .....  
 .....

**22. 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: .....

.....

.....

**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:** .....