

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.

General Insurance Code of Practice

Pen Underwriting and Underwriters at Lloyd's proudly support the General Insurance Code of Practice. The Code commits general insurers to uphold high standards of service and practice. A copy of the Code can be obtained from us upon request or from www.codeofpractice.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. List all the addresses from which you operate:.....

.....

3. Names under which you have traded previously in this industry:.....

.....

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

5. Personnel

(i) Do you require your employees to submit the following tests? Please specify the frequency the tests must be carried out.

Medical Yes or No Frequency:..... months

Drug Yes or No Frequency:..... months

Psychological Yes or No Frequency:..... months

Polygraph Yes or No Frequency:..... months

(ii) When screening new employees, do you conduct the following checks:

(a) Prior Employment Yes or No

(b) Credit Yes or No

(c) Criminal records Yes or No

(d) Driving records Yes or No

(e) Neighbourhood Yes or No

(iii) How often will random credit checks be carried out?

(iv) Do you have the following records for ALL employees at your branch or corporate office?

(a) Drivers Licence Yes or No

(b) Photographs Yes or No

(c) Social security numbers Yes or No

(d) Fingerprints Yes or No

(v) How regularly does management monitor operational crew performance and retain such records on file?

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6. Amounts Insured

- (i) How many carriers per week?
- (ii) What will be the maximum amount one carry?
- (iii) What is the average carry limit?
- (iv) What transit limit (any one vehicle carry) is required?
- (v) What will be the maximum pavement limit for which cover is required?
- (vi) What are the total values exposed at your premises:
 - (a) During Business Hours (Hold-up) \$
 - (b) Outside Business Hours (in locked safe / vaults) \$
- (vii) What was the annual aggregate carry for the past twelve months? \$
- (viii) What is the estimated annual aggregate carry for the next twelve months? \$

7. Procedures and Staffing

Questions relating to the premises need only be answered if cover is required for money on premises.

(i) State numbers employed in each category

	<i>Full Time</i>	<i>Part Time</i>
Management
Supervisory
Office / Clerical
Sales
Crewman
Mechanics
Vault Custodian
Others

(ii) Please state your business hours:

(iii) Are your premises staffed twenty four hours a day? Yes or No

If No, please provide details of when they are staffed:

(iv) What is the minimum number of personnel on duty at your premises and how many are armed?

	<i>Number of Personnel</i>	<i>Number Armed</i>
(a) During Business Hours:
(b) Outside Business Hours:

If no personnel for (b), please state why:

(v) Are all your vaults and safes shut, locked and alarmed

(a) During Business Hours Yes or No

(b) Outside Business Hours Yes or No

If No for (b), please state why:

(vi) How long, as a minimum, do you employ people before allowing them to crew:

(a) An armoured vehicle:

(b) Operation of the vault:

(c) Operation of the safe:

- (d) Other operations where there is contact with money and / or valuables:
- (vii) What will be minimum number of crew (including driver) who will ride in each vehicle on operations:
 - (a) Up to limit of \$ Total Crew:..... Armed Crew:.....
 - (b) Up to limit of \$ Total Crew:..... Armed Crew:.....
 - (c) Up to limit of \$ Total Crew:..... Armed Crew:.....
 - (d) Up to limit of \$ Total Crew:..... Armed Crew:.....
- (viii) When armoured vehicles are no in a secured and guarded concourse, will there be at least one member of the crew stay in each vehicle during operations regardless of circumstances? Yes or No
- (ix) What is the standard type of communication system(s) that is fully functional and reliable for all your operations?

8. Physical Security at Premises and Vehicles

Questions relating to the premises need only be answered if cover is required for money on premises.

- (i) How is entry and exit controlled for the following at the premises:
 - (a) Vehicles:
 - (b) Personnel and Visitors:
- (ii) State the specifications for your safes and vaults:
- (iii) Specify the alarm system on your premises. Please details the manufacturer, grading, features (eg. back to base, panic buttons, etc) any maintenance contract in force (including company and frequency), entrances and exits including windows monitored, rooms including roof (attic area) and cellar areas monitored and what physical security exists (eg. barred windows, caged doors, etc).

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- (iv) How many staff have been entrusted with:
 - (a) Key(s):.....
 - (b) Alarm Code(s):.....
 - (c) Vault / Safe Combination:
- (v) Do you practice dual control for opening and closing of all safes and vaults Yes or No
- (vi) Do you have an alarm system whereby records are kept as to the time (including the date) when employees and visitors entered and departed the building? Yes or No
- (vii) In case of any attack on a terminal, have you an automatic code or alarm which will instruct all vehicles to disregard further orders from that terminal and proceed directly to the nearest Police station or similar in an emergency situation? Yes or No
- (viii) Give names and addresses of two referees in your trade:
 - 1.
 - 2.
- (ix) What associations are you a member of?.....
- (x) Please attach a set of your latest audited financial statements to this proposal.
- (xi) Please attach the standard contract which is given to the customers who do business with your firm.

9. Please complete the attached Register of Vehicles for all of your vehicles

10. History

- (i) How many years have you been in business as carriers of money and / or valuables?
- (ii) Have you been or are you currently insured? Yes or No
If Yes, please provide full details:
- (iii) Has a director, principal or partner ever been bankrupt over the past ten years? Yes or No
If Yes, please provide full details:

11. 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:

12. Claims

After investigation with present and past insurers,

- (i) Have you had any losses or claims in the past ten years, whether covered by insurance or not? Yes or No
If yes, please provide the following details:

Date	Amount	Circumstance of Loss	Loss Paid / Unpaid	Recovered

- (ii) Please detail what steps you have taken to prevent the possibility of similar losses occurring in the future:
- (iii) Are you aware of any shortages or claims of shortages of monies asserted or discovered by any customer, bank, state or federal regulator or any other organisation over the past six years? Yes or No
If Yes, please state what remedial steps have been taken:

13. 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:

Register of Vehicles

	Make of Vehicle	Model of Vehicle	VIN, Chasis and Registration Number of the Vehicle.	Specification of Armour	Is the vehicle fitted with a 2-way radio?	What type of security systems are fitted (eg. alarms, immobiliser, traders)	Is there a bulkhead that fully protects at least one crew member whilst any one door to the armoured vehicle is open?	Are vehicles maintained by Proposer's staff on the Proposer's premises?
1.					<input type="checkbox"/> Yes or <input type="checkbox"/> No		<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
2.					<input type="checkbox"/> Yes or <input type="checkbox"/> No		<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
3.					<input type="checkbox"/> Yes or <input type="checkbox"/> No		<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
4.					<input type="checkbox"/> Yes or <input type="checkbox"/> No		<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
5.					<input type="checkbox"/> Yes or <input type="checkbox"/> No		<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
6.					<input type="checkbox"/> Yes or <input type="checkbox"/> No		<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
7.					<input type="checkbox"/> Yes or <input type="checkbox"/> No		<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
8.					<input type="checkbox"/> Yes or <input type="checkbox"/> No		<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
9.					<input type="checkbox"/> Yes or <input type="checkbox"/> No		<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
10.					<input type="checkbox"/> Yes or <input type="checkbox"/> No		<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No

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:**