

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. Business

Description:

How long have you been established in this business?

If New, give details of experience:.....

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

4. Are you a member of any industry associations or lobby groups? Yes or No

If Yes, please provide details:

5. Please provide projected twelve months totals for gross receipts: \$

6. Please advise the specific location of five previous fireworks displays

1.

2.

3.

4.

5.

7. What is the Estimated Average spectator attendance?.....

8. List names of individuals who shoot fireworks and their experience (bodily injury to shooters excluded):

<i>Name</i>	<i>Experience</i>
.....
.....
.....

9. Describe fire fighting equipment used on site:.....

10. Do you have a licensed DMT staffed ambulance on site during all fireworks displays? Yes or No

If No, give distances in kilometres to nearest medical facility and response time in minutes:

Distance: (kilometres) Response Time:.....(minutes)

11. Have you displayed fireworks before? Yes or No

If Yes, describe any claims / losses that have occurred and the amount of the loss:

.....

12. Who is your supplier of the fireworks?

13. What is the size of the largest shell to be fired?

14. What is the average value of the largest display?

15. List all safety precautions used (eg. distance between displays and spectators):

16. What is the name of the fireworks supervisor?.....

17. What experience and qualifications does the fireworks supervisor have?

18. What is the estimated number of displays per year?.....

19. 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? \$.....

20. 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

<i>Company</i>	<i>Type of Works</i>	<i>Annual Payments</i>
.....
.....
.....

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.

21. List all claims history and / or accidents relating to the supervisor of the fireworks and / or company (for at least 10 years):

22. Please provide transport details (eg. Own Vehicle, etc):

23. Please provide storage details (eg. do you store the fireworks until used and if so how?):

24. Do you perform any overseas displays? Yes or No
 If Yes, please provide details:

25. Do you alter fireworks? Yes or No

If Yes, please provide details:

26. Have you previously been declared bankrupt? Yes or No

If Yes, please provide details:

27. Please provide a percentage split in your projected turnover for the next twelve months:

Goods imported from EEC%

Goods imported from outside EEC%

28. Do you anticipate any direct or indirect exports to the USA or Canada in the next 12 months? Yes or No

If Yes, please provide:

Anticipated Turnover: \$.....

End Use:

29. Have you exported either directly or indirectly any products to the USA or Canada in the last 5 years? Yes or No

If Yes, please provide projected annual turnover for the next 12 months and products supplied:

30. Do you provide any service or treatment other than Products? Yes or No

If Yes, please provide projected annual turnover for the next 12 months and details:

31. Do you retain rights of recovery against suppliers / manufacturers? Yes or No

If Yes, please provide details:

32. Do you undertake any design work? Yes or No

If Yes, please provide details:

33. Claims

After investigation with present and past insurers, please provide the following information relating to your claim record over the last five years (arising out of business and where you may be legally liable). Do not include any motor claims.

Public and Products Liability (death, disease, illness or injury to other parties and loss or damage to their property and attendant financial loss)

Year	Excess	Turnover	Paid Claims		Outstanding Claims	
			Total	Number	Total	Number

34. (a) Have you been prosecuted during the last five years under any safety legislation? Yes or No

(b) Have you or any of your directors or partners ever been charged with a criminal offence (other than a motor offence)? Yes or No

If Yes to any of the above, please provide full details (including identity of Insurers is responding to (b)):

.....

35. Have you ever been the subject of a Health and Safety Investigation? Yes or No

If Yes, please provide details:

36. 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:**