

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 Proposer:.....

Trading Name:

Postal Address: Postcode:

Telephone: Fax:

Name(s) of Partners / Directors:.....

.....

Background of Partners / Directors:

.....

2. Business Details

Date Established:

Licence Number:

Number of Security Guards Employed: Full Time:..... Part Time:.....

Are you a member of the Trade Association? Yes or No

If Yes, please provide details:

.....

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

4. Estimated Annual Turnover \$

5. Estimated Annual Wages \$

6. What percentage of turnover is derived from the following:

Design or alteration of security systems%

Installation of security systems%

Monitoring of Alarms%

Responding to Alarms%

Static Guarding (eg. business premises, shopping centres, banks, gate-houses, building sites, car parks)%

Mobile Patrols%

Cash carry%

Crowd control, eg. Hotels, concerts, discos, baton work, martial arts, defence workshops%

Manufacture of security systems%

Investigation%

Guard dog training%

Fire sprinkler system installation%

Design, supply or installation of computer equipment%

Key custody%

Other *%

* Please provide details:

.....

7. Public Liability

- (i) Limit of Indemnity required: \$
- (ii) Please state estimated turnover for the coming year: \$

(iii) 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? \$

(iv) Labour Hire

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

(iv) Do you provide guard dog security? Yes or No

If Yes, please state:

(a) Are dogs permanently under the control of a handler? Yes or No

If No, please provide details:

(b) Total number of dogs:

(c) Are all dogs properly kennelled when not being used for guard duty? Yes or No

(d) Are all dogs professionally trained prior to being used for guard duty? Yes or No

(v) Do you use firearms? Yes or No

If Yes, please state:

(a) Number of guards licensed to use firearms:

(b) Number and type of firearms used:

(c) Are all firearms serviced each year? Yes or No

(d) How often is shooting practice undertaken each year and provide details:

(vi) Do you use batons? Yes or No

If Yes, please state:

(a) Number and type of batons used:

(b) Details of training undertaken:.....

(vii) Do you provide warning signs or notices? Yes or No

If Yes, please state:

(a) Types of signs / notices:.....

(b) Are signs well posted and open to full display? Yes or No

(c) Do you display signs at minimum distances? Yes or No

(viii) Do you provide indemnities, hold harmless conditions to any customers, suppliers or other parties? Yes or No

If Yes, please provide a copy of the contract(s).

(ix) Do you contract to any State or Federal Authorities or Airports? Yes or No

If Yes, please provide full details:

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8. Claims History

After investigation with present and past insurers, have any claims been made upon you or notified (whether insured or not) in respect of any of the above mentioned risks during the past five years? Yes or No

If Yes, please provide the following details:

Year	Brief Details and Type of Loss	Claim Amount or Reserve Amount	Amount Paid to any Other Parties

9. Screening Procedures

It is imperative that this section is fully completed as the information is relevant to all sections of the policy.

Please provide below details of the procedures followed by your company for making enquiries concerning the background of your prospective employee(s):

.....

It is a requirement and condition of the insurance that satisfactory references must be obtained going back to a period of at least five years or to school leaving age before a person is employed. (If verbal references are obtained these must be appropriately recorded on the personnel file) and the person placed on probationary employment for three months but written reference must be obtained for the period of at least five years within the three months probationary period. Please confirm that your procedures comply with the above requirements. Yes or No

If your procedures are not in accordance with the above, please five details of your system:

.....

PLEASE ALSO FURNISH A COPY OF YOUR EMPLOYMENT APPLICATION FORM.

10. Present / Previous Insurances

Please provide names of your current and previous Brokers and Underwriters:

.....

11. Insurance History

- (i) 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
- (ii) Have you, the Proposer, or any other partner or director ever been convicted of or charged (but not yet tried) with a criminal offence? Yes or No
- (iii) To your knowledge, have any employees ever been convicted of or charged (but not yet tried) with a criminal offence? Yes or No

If Yes to any of the above, please provide full 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:**