

Hospitality and Leisure

Gun Industry / Firearms Dealer Proposal Form



IMPORTANT NOTICES

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 States of America, 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

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.

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INSTRUCTIONS

Please read this Proposal Form fully prior to answering the questions.

- Please answer all questions in full. Where appropriate tick the Yes or No box that best indicated your reply.
- If there is insufficient space provided, please provide further information on your letterhead.
- All attached documents form part of this Proposal.

1. Your Details

Full Name:

ABN:

Trading Name:

Interested Parties:

What interest to the above parties have?

Business Description:

Business Address:

Days and hours of operation:

Years in Operation: This business:years

Any similar business:years

Website Address:

Do you provide any professional advice or instruction for a fee? Yes No

If **Yes**, please provide details:

What percentage of GST on Premium do you intend claiming as an Input Tax Credit? %

Are your books of accounts prepared by a public accountant each year? Yes No

Have you or any Director or Partner or Manager of the business ever:

(a) had insurance declined or cancelled? Yes No

(b) had an insurer refuse or not invite renewal? Yes No

(c) has any special conditions imposed on a policy of insurance? Yes No

(d) had a special excess imposed on a policy of insurance? Yes No

(e) had a claim rejected under a policy of insurance? Yes No

(f) been declared bankrupt or put into receivership or liquidation? Yes No

(g) been charged with or convicted of a criminal record? Yes No

(h) have any other matters you should disclose (see 'Your Duty of Disclosure') Yes No

If **Yes** to any of the above, please provide complete details on a separate piece of paper and attach with this Proposal form.

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2. Indemnity Limit required

Public and Products Liability: \$any one occurrence

3. Total Turnover – Please provide a split of annual turnover as follows:

	This Financial Year	Next Financial Year (estimated)
Firearms and Ammunition Sales	\$	\$
Clothing, Accessories and other Sales	\$	\$
Fee for use of indoor range at premises	\$	\$
Hunting Tours	\$	\$
Total	\$	\$

Please provide turnover as a percentage split by state:

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	Other
____%	____%	____%	____%	____%	____%	____%	____%	____%

4. Archery Club Activities

Do you offer Archery at your premises? Yes No

If **Yes**, how many members are there?

5. Hunting Tours – Operators and Activities

Do you offer Hunting Tours? Yes No

If **Yes**,

(a) What is the minimum number of participants?

(b) What is the maximum number of participants?

6. Professional Shooter Activities

Are you a Professional Shooter? Yes No

If **Yes**,

Please provide your annual turnover: \$

Please detail activities carried out:

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7. Additional Information

- (a) Do you conduct pre-evaluation of participants' skill or fitness level? Yes No
- (b) Do you have a documented pre check, service or maintenance program for your equipment? Yes No
- (c) Do you have an incident reporting procedure and log? Yes No
- (d) Do you have risk management in place? Yes No
- (e) Does your equipment comply with relevant Australian Standards? Yes No
- (f) Are your participants trained in safety procedures? Yes No
- (g) Are your employees suitably trained, qualified and experienced? Yes No
- (h) Are your employees suitably trained in first aid? Yes No
- (i) Are all persons made aware of all dangers before participating? Yes No
- (j) Are disclaimers and or waivers signed prior to participation? Yes No
- (k) Are warning signs posted and clearly visible? Yes No
- (l) Do you sell, supply or serve food during the tours? Yes No

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8. Claims History

In the last 5 years, have you sustained loss or damage (insured or not) of a type against which insurance is now being sought?

If **Yes**, please provide details

Name of Claimant	Particulars	Date of claim	Insurer	\$ Value of claim
				\$
				\$
				\$
				\$

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:

Date:

Full Name:

Title: