

### **Important Notices**

Please read these notices before completing the Proposal Form.

#### ***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.

#### ***Claims Made Policy***

The Policy is issued on a claims made and notified basis. This means that the Policy only covers the Insured for claims first made against the Insured during the Period of Insurance and notified to us during the Period of Insurance.

Section 40(3) of the Insurance Contracts Act 1984 may provide additional rights at law. That section provides that where the insured gave notice in writing to the insurer of facts that might give rise to a claim against the insured as soon as was reasonably practicable after the insured became aware of those facts but during the period of insurance, the insurer is not relieved of liability under the contract in respect of the claim, when made, by reason only that it was made after the expiration of the period of insurance.

#### ***Retroactive Date***

The Policy does not provide cover in relation to the provision of the Professional Services or the conduct of the Professional Business prior to the Retroactive Date.

#### ***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).

#### ***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](http://www.codeofpractice.com.au).

#### ***Further Information***

Your insurance broker has arranged this insurance on your behalf. 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 us 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 Form.

**Directors and Officers and Insured Organisation Liability**

1. Company Name: ..... Country of Registration .....
2. Principals Address: .....
3. Date Established: .....
4. ABN: .....
5. Web Address: .....
6. Nature of the Business of the Organisation and any Subsidiaries:  
 .....  
 .....
7. Is the Company (please select one):
- Private  Yes or  No
- Public  Yes or  No
- Listed on the Australian Stock Exchange  Yes or  No
- Listed on any Foreign Stock Exchange  Yes or  No
- If Yes please specify:  
 .....  
 .....
8. Is the Organisation a subsidiary of another company? If Yes, please state:  Yes or  No
- Name of parent company ..... Country of registration ..... Web .....
9. Is the Organisation anticipating any merger, acquisition, divestment or public offering of Securities within the next 12 months?  Yes or  No
- If Yes, Please provide details:  
 .....  
 .....

10.

Name(s) of Directors:	Qualifications	Date Appointed

11. Do any of the directors, officers or employees of the Organisation or its subsidiaries hold any board positions in any outside entities, with the consent of or at the request of the Organisation?  Yes or  No

If Yes, please provide details:

Name of Appointee	Outside Entity Name	D&O Insurer	Policy Limit	Policy No.	% ownership by Organisation

12. Does any shareholder own, beneficially or otherwise, more than 15% of the ordinary share capital of the organisation?  Yes or  No

If Yes, please provide details:

Name(s): ..... Percentage(s) held: ..... %  
 ..... %  
 ..... %

13. Does the Organisation have any overseas operations?  Yes or  No

If Yes, please provide details:

Location	% of Total Assets (Per Location)

- 14.

Financial Information	Most Recent Financial Year End	Previous Financial Year End
Total Assets:	\$	\$
Total Liabilities:	\$	\$
Total Revenue:	\$	\$
Total Net Assets:	\$	\$
After Tax Profit / Loss:	\$	\$

15. Is any director or officer of the Organisation aware of facts or circumstances that might affect the ability of the Organisation to meet all its debts as and when they fall due?  Yes or  No

- 16.

Employee Numbers:	Last Financial Year			Estimate for Next Financial Year		
	Australia	Overseas (non US)	Overseas (US)	Australia	Overseas (non US)	Overseas (US)
Full Time						
Part Time						
Casual						
<b>Total</b>						

**EMPLOYMENT PRACTICE LIABILITY**

1. Do you require a quotation for Employment Practices Liability cover?  Yes or  No  
 If Yes, **Please complete this section**
2. How many employees left the Organisation in the last 12 months: .....
3. Does the Organisation anticipate any retrenchments or layoffs within the next 12 months:  Yes or  No
  - a) If Yes, How Many? .....
  - b) If Yes, is the Organisation consulting a law firm in relation to retrenchments?  Yes or  No
4. Does the Organisation have written employment procedures that are available to each employee?  Yes or  No

**TRUSTEE'S LIABILITY**

1. Is a quotation required for any director, officer or employee of the Organisation acting in the capacity of a trustee of a Superannuation Fund (other than any industry, master or self-managed superannuation fund) established for the benefit of employees of the Organisation?  Yes or  No  
 If Yes, please state full name of the Superannuation Fund:  
 .....  
 .....  
 .....

**FIDELITY**

1. Do you require a quotation for Fidelity cover? If Yes, please indicate the sub-limit required:  Yes or  No  
 \$100,000       \$250,000       \$500,000       Other \$ .....
2. Other than directors, is any employee authorised to:
  - a) sign cheques, securities or funds transfer instructions as a sole signatory?  Yes or  No
  - b) process any refund or accept any return of goods in excess of \$2,500 without authorisation by a supervisor or manager?  Yes or  No
  - c) Reconcile any bank account through which that employee is authorised to deposit funds into or withdraw funds from?  Yes or  No

**INTERNET LIABILITY**

1. Identify the internet site (including URL) for which coverage is sought: .....
2. The Date the site first went on line? .....
3. Does the Applicant own a registered trademark in its domain name?  Yes or  No
4. Does the Applicant use third party trademarks on its site solely in order to increase the number of hits to its internet site?  Yes or  No
5. Does the Applicant have a privacy policy posted on all of its internet sites?  Yes or  No
6. Does the Applicant require review and approval of content by lawyers prior to allowing such content to be posted on its internet site?  Yes or  No

**LOSS & INSURANCE HISTORY**

1. Has the Organisation, its directors, officers and/or employees ever been the subject of any Claim, any civil, criminal or regulatory proceedings, or any official investigation, examination or inquiry of the kind to which this Proposal relates?  Yes or  No
2. After making enquiries, is any director, officer or employee of the Organisation aware of any facts or circumstances which might give rise to a claim, investigation or loss under the proposed insurance?  Yes or  No
3. Within the last 5 years, has the Organisation, its directors, officers and/or employees suffered any loss as a result of any employee fraud or dishonesty?  Yes or  No

4. Has the Organisation ever been declined, had cancelled or non-renewed any insurance of the kind to which this Proposal relates?  Yes or  No

If you answered Yes to any of the above questions, please attach a separate sheet with full details.

5. Is the Organisation presently covered for Management Liability insurance?  Yes or  No

If Yes, please provide details:

Insurer	Expiry Date	Policy Limit	Excess	Premium
	/ /	\$	\$	\$

**LIMIT OF LIABILITY**

1. What limit of liability does the Organisation require?

- \$500,000
- \$1,000,000
- \$2,000,000
- \$5,000,000
- \$10,000,000
- Other: .....

**STAMP DUTY**

1. Please state the total number of employees located in the following states and overseas:

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O/S
%	%	%	%	%	%	%	%	%

**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: .....

## **GUIDELINES TO SIGNING THE NSW STAMP DUTY EXEMPTION - SMALL BUSINESS DECLARATION**

### **What is the NSW small business exemption?**

From 1 January 2018, NSW small businesses will be exempt from paying stamp duty on certain types of insurance.

### **What is a small business?**

Revenue NSW has stated that: "You are a small business if you are **an individual, partnership, company or trust** that is carrying on a business, and the business has an **aggregated turnover of less than \$2 million**. Aggregated turnover is your annual turnover plus the annual turnovers of any business entities that are your affiliates or are connected with you."

### **Which insurance types will the exemption apply to?**

This exemption can be applied for NSW small businesses with one the following insurance types:

- Commercial vehicle insurance
- Commercial aviation insurance
- Occupational indemnity insurance
- Product and public liability insurance

### **Instructions for applying for an exemption**

To receive the exemption, please complete this declaration declaring that you / your client are a small business. Email the completed declaration to your insurance broker.

### **Please note:**

[a] The declaration covers all policies issued to you during the financial year in which the cover is effected or renewed, a new declaration is required on an annual basis.

[b] If you are uncertain whether you classify as a small business, please speak to your financial adviser.

[c] Pen Underwriting and the Insurer will place reliance on your declaration in charging the applicable insurance duty.

[d] False declarations may result in penalties up to of \$11,000 by Revenue NSW plus the insurance duty not paid and penal interest on that balance.

[e] Revenue NSW may also be able to clarify your queries relating to the law and your obligations.

[f] If you are a not for profit organisation already entitled to a NSW Stamp Duty Exemption, your premium is already exempt and the NSW Stamp Duty Exemption for Small Business is not relevant.

### **NSW STAMP DUTY EXEMPTION – SMALL BUSINESS DECLARATION**

This declaration only covers policies for the financial year in which the cover is effected or renewed.

I hereby declare that I am a Capital Gains Tax small business entity (within the meaning of section 152-10 (1AA) of the *Income Tax Assessment Act 1997* of the Commonwealth).

I am a small business individual / partnership/ company and/ or trust, which is carrying on a business, and the business has an aggregated turnover of less than \$2 million\*.

Signature:

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Name:

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Date Signed:

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Name of Insured:

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ABN of Insured:

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Contact Details

Mobile:

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Contact Details

Email:

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\* Aggregated turnover is your Australia wide annual turnover plus the annual turnovers of any business entities that are your affiliates or are connected with you.

\* A fraudulent declaration may invalidate your insurance contract.