

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.

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 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.

APPLICANT DETAILS

1. Name of all entities or person(s) to be insured:
2. Telephone Number: Facsimile Number:
3. Email Address:
Website Address:
4. Address of Principal Office:
..... Post Code:
5. Date Business Established:
6. Particulars of all Principals:

Name of Principals, Partners or Directors	Age	Qualifications	Years Practising as Principal		Name of Previous Business Practice
			This Practice	Previous Practice	

7. Staff Numbers:

Staff	Numbers	Staff	Numbers
Principals		On-hired Employees	
Internal Employees		On-hired Contractors:	
Consultants working on behalf of the Applicant		TOTAL STAFF:	

8. Are you a member of any professional association? Yes or No
If Yes, please state which association(s):
9. a) Has your business name ever changed? Yes or No
b) Have you ever carried on your business under a prior corporate entity? Yes or No
c) Has any other business or practice amalgamated or merged with your business? Yes or No
If Yes to any of the above please provide full details:

REVENUE, ASSETS AND LIABILITIES, FEES AND WAGES

1. Gross Revenue:

Current Year	Previous Year	Estimated Next 12 Months
\$	\$	\$

2. **Assets, Liabilities, Profit and Loss**

	Most Recent Financial Year End	Previous Financial Year End
Total Assets	\$	\$
Total Liabilities	\$	\$
Net Assets	\$	\$
Net Profit (Loss)	\$	\$

3. **Split of Business Activities:**

Recruitment Services	Revenue for Last Year	Estimated Revenue for the Current Year
Permanent Placements		
Temporary Placements of Employees & Contractors		
Reference Checking		
Human Resource Consulting		
Psychological Testing		
Training and Induction		
Group Training of Apprentices and Trainees		
Payroll Management		
Contract Management Services		
Outplacement Services		
TOTAL REVENUE		

4. Please advise your **fees** for placing permanents, and your **gross wages and fees** (including trust distributions) payable to on-hired Employees and on-hired Contractors. Please provide actual amounts for last year and estimates for the current year:

Activities	Fees for Permanent Placements		Gross Wages Payable to On-Hired Employees		Gross Fees Payable to On-Hired Contractors	
	Last Year	This Year	Last Year	This Year	Last Year	This Year
Professionals:						
Accountants						
Aircraft Engineers						
*Allied Health (details)						
Architects						
Engineers & Draftpersons						
IT Consultants						
Legal Practitioners						
Midwives						
Nurses						
*Other Professional (details)						

Please provide details of activities/occupations of categories marked “”

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Activities	Fees for Permanent Placements		Gross Wages Payable to On-Hired Employees		Gross Fees Payable to On-Hired Contractors	
	Last Year	This Year	Last Year	This Year	Last Year	This Year
Other White Collar:						
Clerical/Secretarial						
*Hospitality (details)						
Childcare Workers						
Attendant Carers						
*Other White Collar (details)						
Blue Collar:						
Aircraft Maintenance Workers						
Construction						
Industrial						
Labourers						
Mining – above ground						
Mining – below ground						
Scaffolders & Riggers						
Welders						
*Other Blue Collar (details)						

Please provide details of activities/occupations of categories marked “”

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YOUR BUSINESS

1. Do you envisage any substantial changes in your business or activities in the next 12 months? Yes or No

If Yes, please provide full details:

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2. Is any principal aware of facts or circumstances which might affect the ability of the Applicant to meet all its debts as and when they fall due? Yes or No

3. Do you use terms of business which incorporate disclaimers and/or limitations of liability in your business? Yes or No

4. Please attach a copy of your terms business
 What percentage of on-hiring is carried out subject to these terms of business?

5. Please provide the approximate percentages of your revenue applicable to each State, Territory & Overseas:

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

If overseas activities are carried out please provide countries and percentage breakdown:

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CLAIMS AND CIRCUMSTANCES

1. During the past 10 years has any Claim been made for the insurances that are being proposed, or has negligence been alleged, against any entity or individual to be Applicant by this insurance (including any prior corporate entity and any of the present or former principals), or have any circumstances which may give rise to a claim against any of these been notified to insurers? Yes or No

If Yes, please provide details.

Year	Insurer	Brief description	Is it finalised?	Total Amount Paid or Reserved
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. What action has been taken to prevent a recurrence of the situation which gave rise to each claim at question 1?

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3. After making enquiries, is any principal, employee or consultant aware of any circumstance which may give rise to a claim against any entity or individual to be covered by this insurance (including any prior corporate entity and any of the present or former principals), that is not referred to in answer to question 1? Yes or No

If Yes, please provide details

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4. After making enquiries, has any principal, employee or consultant ever been subject to external disciplinary proceedings or has any director or executive officer of the company been declared or entered into a deed of assignment, composition or a scheme of arrangement with creditors? Yes or No

If Yes, please provide details

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INSURANCE HISTORY

1. Are you currently insured for Professional Indemnity and/or General Liability and/or Management Liability? Yes or No

If Yes, please provide details

Policy Type	Insurer	Expiry	Sum Insured	Excess	Premium
General Liability					
Professional Indemnity					
Management Liability					

2. In respect of the business or any principal, has any Insurer:
- a) Declined a proposal? Yes or No
 - b) Imposed special terms? Yes or No
 - c) Declined to continue your insurance? Yes or No
 - d) Cancelled your insurance? Yes or No

If Yes to any of above please provide details

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COVER REQUIRED

1. Please advise limit(s) required:

Professional Indemnity	General Liability	Management Liability
<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$500,000
<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$1,000,000
<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$20,000,000	<input type="checkbox"/> \$2,000,000
<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> Other	<input type="checkbox"/> \$5,000,000
<input type="checkbox"/> Other		<input type="checkbox"/> Other

2. Please advise excess(es) required:

Professional Indemnity	General Liability	Management Liability
<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$500	<input type="checkbox"/> \$2,000
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$5,000
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

3. a) Do you require your General Liability cover to extend to your On-Hired Contractors? Yes or No
 b) Do you require your Professional Indemnity cover to extend to your On-Hired Contractors? Yes or No
4. Do you require a Fidelity extension? Yes or No
 If Yes, please complete a Fidelity Addendum
5. Do you require Previous Business cover? Yes or No
 If Yes, please complete a Previous Business addendum
6. Do you require Trustees Liability for a Superannuation Fund established for the benefit of the Employees of the Applicant (other than other industry, master or self-managed fund)? Yes or No
 If Yes, please state the full name of the superannuation fund

7. Do you require a quotation for Employment Practices Liability? Yes or No
 If yes, please complete the following:
 How many employees left the Applicant's business in the last 12 months?
- Does the Applicant anticipate any retrenchments or layoffs in the next 12 months Yes or No
 If Yes, how many
- Does the applicant have written employment procedures that are available to each employee? Yes or 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:**.....

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:

Name:

Date Signed:

Name of Insured:

ABN of Insured:

Contact Details

Mobile:

Contact Details

Email:

* 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.