

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 and the Insurer handle 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.

1. Proposer(s)

Please provide the full name and ABN of **ALL** entities to be insured (it is essential to specify the names of all entities including service, administration or nominee companies and subsidiaries that are to be covered by the policy):

<i>Name</i>	<i>ABN</i>
.....
.....
.....

2. Address of head office or principal office:

Address:..... Postcode:.....
 Phone: Fax:
 Email Address:.....
 Website:.....

3. Address of branch offices or other locations:

1.
2.
3.
4.

4. Date on which the company was established:

5. Please supply the following details for ALL directors:

<i>Name</i>	<i>Qualifications</i>	<i>Date Qualified</i>	<i>Date first appointed as Director</i>

6. Please advise the total number of staff:

	<i>Full Time</i>	<i>Part Time</i>
(i) Directors:
(ii) Professional qualified staff not included in (i) above:
(iii) Other technical staff:
(iv) Trainee technical staff:
(v) Non-technical administration staff:
(vi) Clerical staff (typists, receptionists, office juniors, etc):
(vii) Other staff – please specify below:
TOTAL

7. Is any director connected or associated (financially or otherwise) with any other business practice? Yes or No

If Yes, please provide details:.....

8. (i) Has the name of the business ever changed? Yes or No
 (ii) Has any other business amalgamated or merged with you? Yes or No
 (iii) Have you purchased any other business? Yes or No
 If Yes to any of the above, please provide details:.....

9. Please describe the precise nature of the activities or business:.....

10. (i) Please supply details of any change in the nature of the business, including any activities previously undertaken but which are no longer performed (eg. please disclose businesses no longer owned / operated by the company but for which residual liabilities may arise):

 (ii) Is any substantial change in the nature of the business envisaged or are any major new expansions contemplated during the next 12 months? Yes or No
 If Yes, please provide details:

11. Please detail the approximate percentage of fee income derived from the following fields of consulting work:

<i>Type of Work</i>	<i>Percentage</i>	<i>Type of Work</i>	<i>Percentage</i>
Acoustical engineering	..... %	Architecture %
Building surveying	..... %	Building Surveying Pre-purchase %
Chemical engineering	..... %	Civil engineering %
Construction Management	..... %	Drafting %
Electrical Contracting	..... %	Electrical Design %
Electrical engineering	..... %	Energy Consultants %
Engineering Surveying	..... %	Environmental engineering %
Expert Witness	..... %	Feasibility Studier %
Fire engineering	..... %	Geotechnical / soil engineering %
Heating & ventilation, air conditioning engineering	..... %	Hydraulic engineering %
Interior designing	..... %	Land surveying %
Marine engineering	..... %	Marine surveying %
Materials Testing	..... %	Mechanical engineering %
Mining engineering	..... %	Nuclear engineering %
Oil and gas engineering	..... %	Plumbing engineering %
Product Design Engineering	..... %	Project Co-Ordination %
Project Management	..... %	Quantity surveying %
Safety Engineering	..... %	Structural engineering %
Teaching/Lecturing	..... %	Telecommunications Engineering %
Town Planning	..... %	Traffic Surveying/Traffic Engineering %
Welding Inspection %	 %
Other – please specify: %
Type of Work TOTAL			100 %

12. Please detail the approximate percentage of the total work in the following areas:

<i>Area of Industry</i>	<i>Percentage</i>
1. Acoustics and noise pollution %
2. Biophysical studies %
3. Bridges and tunnels in excess of 8 metres in length %
4. Bridges and tunnels up to 8 metres in length %
5. Buildings involving Modular design %
6. Buildings involving Pre-fabricated construction %
7. Contaminated site clean up %
8. Dams %
9. Design of pollution control equipment %
10. Domestic surveying – individual dwelling set outs and boundary surveys %
11. Engineering surveys %
12. Environmental appraisals / impact assessments %
13. Environmental audits %
14. Environmental program design %
15. Feasibility studies, investigations or reports %
16. Foundations and underpinning (excluding investigations for foundations) %
17. Harbours and jetties %
18. Hazardous chemical substances %
19. Heating, ventilating, air conditioning, hydraulics and plumbing %
20. High rise buildings (over 3 floors) %
21. Hydrographic surveys %
22. Individual dwellings %
23. Large industrial and commercial surveys (projects valued in excess of \$5,000,000) %
24. Low rise buildings (up to 3 floors) %
25. Marine surveys %
26. Mechanical plant and bulk handling equipment including silos %
27. Medium industrial and commercial surveys (projects valued between \$1,000,000 and \$5,000,000) %
28. Mines %
29. Multiple buildings from single designs %
30. Nuclear energy projects %
31. Oil and gas pipelines %
32. Petrochemicals, refineries, fertilisers, ammonia urea plants %
33. Photogrammetric surveys %
34. Risk and hazard assessments %
35. Road works surveys %
36. Schools, hospitals, municipal buildings and recreational centres %
37. Sewerage or water systems %
38. Small industrial and commercial surveys (projects valued at \$1,000,000 or less) %
39. Social impact assessment %
40. Soil testing and foundation investigating (including control of earthworks) %
41. Structures at fairs, shows and exhibitions %
42. Town planning %
43. Underground storage facilities %
44. Waste disposal, treatment or management %
Other – please specify: %
TOTAL	100 %

13. Are written reports provided to clients? Yes or No
 If yes, please provide sample copies of typical reports together with details of any disclaimer or warranties used in connection with such reports.

14. Please provide a brief description of each of the five (5) largest contracts undertaken during the last three (3) years and the income derived from each contract:

<i>Date</i>	<i>Brief Description of Contract</i>	<i>Project Construction Value</i>	<i>Your Income</i>

15. Does any contract of client represent more than 25% of your annual income? Yes or No
 If Yes, please provide details:

16. Are consultants, sub-contractors or agents engaged? Yes or No
 If Yes,

(i) Do you always insist and confirm that they carry their own professional indemnity insurance? Yes or No

(ii) Describe the process used to choose and appoint consultants and to monitor their professional indemnity cover:

(iii) Are hold harmless agreements ever entered into or any legal right or entitlement that you may have against such consultants, sub-contractors or agents ever waived? Yes or No
 If Yes, please provide full details, including copies of such agreements:

17. Is work performed:
 (i) outside Australia? Yes or No
 (ii) for clients located overseas? Yes or No

If Yes, please provide details:

18. (i) Please state the date of your financial year end:.....
 (ii) Please supply details of gross income or fees for the financial year for the following periods:

	<i>Australia</i>	<i>Overseas</i>
Estimate for current year	\$	\$
Last Year	\$	\$
Year previous to last year	\$	\$

(iii) Please state the amount of the largest annual income derived from any one client for the financial year:

<i>Client Name</i>	<i>Australia</i>	<i>Overseas</i>
.....	\$	\$

(iv) Please advise those countries in which any income is earned or intended to be earned:

(v) Please attach a copy of your last Annual Report.

19. Please advise turnover and fees from contracts undertaken by you, as follows:
(Please note: professional services means design or specification, feasibility study, surveying, inspection, project management and construction management, but excludes supervision of construction, erection or installation services performed by you)

	Last financial year		Current financial year (est)	
	Turnover	Fees	Turnover	Fees
Contracts where you provide professional services in addition to construction works and undertake the professional services yourself				
Contracts where you provide professional services in addition to construction works but sub contract these services to other parties				
Contracts where you are employed for a fee in a professional capacity to provide design only services (you are not undertaking construction works)	N/A		N/A	
Contracts where you are employed for a fee to provide project management or construction management services (you are not undertaking construction works)	N/A		N/A	
Contracts where you only undertake construction works and do not provide any professional services		N/A		N/A
Other turnover or fee income not specified above (please provide details)				
Total of all contracts undertaken by you				

Other, please provide details:

.....

20. Please state the approximate percentage of activities (based on income) applicable to each State, Territory or Overseas. This is important to calculate the stamp duty that may be payable.

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

21. Claims and Circumstances

Has any claim been made, or has negligence been alleged, against you or any of the present or former Directors, or have any circumstances which may give rise to a claim been notified to insurers?

Yes or No

If Yes, please provide details:

Year Notified	Insured With	Claimant	Nature of Problem	Amount Paid and/or Outstanding

22. After enquiry, are there any circumstances not already notified to insurers that may give rise to a Claim against you or any prior corporate practice or any of the present or former Directors?

Yes or No

If yes, please provide details:

Name of Company and Director	Claimant	Nature of Problem	Estimate

23. After enquiry, are there any claims against previous companies that have been identified in this Proposal that may give rise to a claim against either a Director or you? Yes or No

If Yes, please provide details:

<i>Name of Company and Director</i>	<i>Claimant</i>	<i>Nature of Problem</i>	<i>Amount Paid and/or Outstanding</i>

24. Has any Director or staff member ever been subject to disciplinary proceedings for professional misconduct? Yes or No

If Yes, please provide details:

<i>Name of Company and Director / Staff Member</i>	<i>Claimant</i>	<i>Nature of Problem</i>	<i>Amount Paid and/or Outstanding</i>

25. Describe the risk management and quality assurance process used by the company to assist in the prevention of potential breaches of professional duty and control of actual breaches of professional duty:

.....

.....

.....

26. (i) Please provide details of your current professional indemnity insurance:

Insurer:

Expiry Date:

Limit of Liability: \$ any one Claim

\$ in the aggregate

Deductible: \$

- (ii) Has the company ever been declined for this type of insurance, or had similar insurance cancelled, or had an application or renewal declined, or had special terms or restrictions imposed? Yes or No

If Yes, please provide details:

.....

.....

27. (i) Limit of Liability required: \$ any one Claim and in the aggregate

- (ii) Deductible required: \$

If you have a brochure or promotional material about the company's operations, please forward it with this application.

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:**.....

Professional Indemnity Design and Construction Addendum



IMPORTANT NOTICES

Please read these notices before completing the Addendum.

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.

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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.

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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

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Privacy

Pen Underwriting and the Insurer handle 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.

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 they are your agent for this insurance.

Pen Underwriting Pty Ltd ABN 89 113 929 516 AFSL 290518
www.penunderwriting.com.au

Sydney
Brisbane
Melbourne

Suite 1105, Level 11, 99 York Street, Sydney NSW 2000
Level 9, 60 Edward Street, Brisbane QLD 4000
Level 3, 333 Collins Street, Melbourne VIC 3000

02 9323 5000
07 3056 1400
03 9810 0600

Professional Indemnity Construction Industry Consultants Addendum



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 Addendum.
- This Addendum will be reviewed in conjunction with and forms part of your most recent fully complete Proposal.

1. Full names of all person/s or organisation/s to be insured including trading name/s

.....

2. Address of Insured.....

.....

3. Please advise turnover and fees from contracts undertaken by you, as follows:

(Please note: professional services means design or specification, feasibility study, surveying, inspection, project management and construction management, but excludes supervision of construction, erection or installation services performed by you)

	Last Financial Year		Current Financial Year (est)	
	Turnover	Fees	Turnover	Fees
Contracts where you provide professional services in addition to construction works and undertake the professional services yourself				
Contracts where you provide professional services in addition to construction works but sub contract these services to other parties				
Contracts where you are employed for a fee in a professional capacity to provide design only services (you are not undertaking construction works)	N/A		N/A	
Contracts where you are employed for a fee to provide project management or construction management services (you are not undertaking construction works)	N/A		N/A	
Contracts where you only undertake construction works and do not provide any professional services		N/A		N/A
Other turnover or fee income not specified above (please provide details)				
Total of all contracts undertaken by you				

Other, please provide details:

.....

External Cladding

These questions are designed to assist us:

- (a) to understand the Applicant’s exposure to potential claims involving External Cladding; and
- (b) in addition to the questions throughout this form, to determine whether we can offer insurance to the Applicant for its Professional Services and the terms of that offer.

For the purposes of this Renewal Declaration, the following terms mean:

Cladding Risk Building	Buildings or projects (including parts thereof) for which, pursuant to Clause C1.1 of the NCC, the minimum type of fire-resisting construction required by the BCA Deemed-to-Satisfy provisions is Type A or Type B fire-resisting construction.
External Cladding:	(a) aluminum composite panels; (b) architectural insulated panel systems or insulated metal panel systems, containing expanded polystyrene, extruded polystyrene, phenolic insulation, polyurethane, polyisocyanurate or similar materials (c) external insulation and finishing systems containing expanded polystyrene, extruded polystyrene, phenolic insulation, polyurethane, polyisocyanurate or similar materials; used as a component of External Walls
External Walls:	The entire wall system which separates the interior air space of the building with the outside air space including any componentry or elements necessary for the external wall to achieve the requirements for structural performance, weather tightness, thermal performance, non-combustibility and required Fire Resistance Level if required by the type of construction, and any other functionality required under the NCC. External Walls include facade coverings, framing, insulation, sarking, spandrels, internal linings (e.g. plasterboard), and curtain wall systems.
NCC	National Construction Code (formerly the Building Code of Australia).
Work:	The services declared as Types of Work in this Form and any past, present or future services.

Confirmation:

On behalf of the Applicant:

- I understand that claims may be brought against the Applicant for projects involving External Cladding for up to 10 years following building completion.
- I confirm that I have read and understood the Duty of Disclosure in the Important Notices section of this Form.

1. General

- (a) In the past 10 years, has the Applicant performed Work in respect of any Cladding Risk Buildings? Yes No
If **Yes**, please state the number of Cladding Risk Buildings:

.....

2. Cladding Audit

- (a) Has the Applicant undertaken an audit of all projects completed in the past 10 years (or, if the Applicant’s business has operated for less than ten years, such shorter period) to determine whether the Applicant has performed Work in respect of buildings where External Cladding has or may have been used in a Cladding Risk Building? Yes No
- (b) If **No**, please explain why the Applicant has not undertaken an audit:

.....
.....
.....

(c) Is the Applicant aware of any external audits that have been or are being conducted by a statutory authority or independent third party of Cladding Risk Buildings in respect of which the Applicant has performed Work, to determine whether:

(i) External Cladding has been used? Yes No

(ii) the building(s) are compliant with the NCC and all applicable regulations and industry standards relating to External Cladding? Yes No

If **Yes**, please provide details:

.....

3. Past Activities

(a) In the past ten years, has the Applicant performed Work in respect of any Cladding Risk Buildings where External Cladding has been used? Yes No

If Yes, please provide a breakdown:

Building Class designated under the NCC	Storeys	Number of Cladding Risk Buildings
Class 2	2 or more	
Class 3	2 or more	
Class 5	3 or more	
Class 6	3 or more	
Class 7	3 or more	
Class 8	3 or more	
Class 9	2 or more	

(b) In the past ten years, has the Applicant performed Work in respect of any Cladding Risk Buildings where the Applicant is not aware of, or is unable to determine what type of External Cladding was used? Yes No

If **Yes**, please provide details:

.....

4. Current and Future Activities

Does the Applicant currently or will the Applicant over the next 18 months perform Work in respect of any:

(i) Cladding Risk Buildings? Yes No

(ii) Cladding Risk Buildings where External Cladding will be used? Yes No

If **Yes**, please provide details:

.....

5. Claims

After making enquiries of the Applicant's partners, directors and employees:

- (i) has there been or is there now pending a claim against the Applicant, its partners, directors or employees in connection with External Cladding? Yes No
- (ii) is the Applicant aware of any fact, matter or circumstance that might give rise to a claim against the Applicant, its partners, directors or employees in connection with External Cladding? Yes No
- (iii) has the Applicant, its partners, directors or employees ever been subject to any disciplinary action, been fined or penalised or been the subject of an inquiry investigating or alleging unsatisfactory professional conduct or professional misconduct in relation to External Cladding? Yes No
- (iv) is the Applicant aware of any actual or pending investigation or prosecution against the Applicant, its partners, directors or employees in connection with External Cladding? Yes No

**Professional Indemnity
Design and Construction
Addendum**



DECLARATION

I/We declare that:

- I/We am authorised by each of the Applicant(s) to sign this Addendum
- The statements in this Addendum are true and complete and no material information has been withheld
- I/We have read and understood the Important Notices accompanying this Addendum
- 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 Addendum 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 Addendum together with the information provided in the previously submitted proposal(s) and otherwise made by me or on my behalf to Pen Underwriting in relation to this insurance
- Except where indicated to the contrary, I/We understand that any statement made in this Addendum 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 Addendum 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:

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.