



Property

Commercial Property Proposal

V0121



Important Notices

PEN UNDERWRITING PTY LTD
 ABN 89 113 929 516 AFSL 290518

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.

UNDERINSURANCE / AVERAGE

An underinsurance / average condition clause applies to this Policy. This means that if you underinsure, you will become your own insurer for a portion of the damage. Please check your policy wording for the applicable percentage.

Example

The sum insured is declared as \$1,000,000. Property damage totalling \$500,000 occurs from an event covered by the Policy. The insurable value of such property at the commencement of the period of insurance is actually \$1,400,000. Average applies because the declared value is less than 85% of the insurable value calculated in accordance with the basis of settlement applicable. In this example, we would pay \$420,150 for the cost of reinstating your property, subject to the application of any excess.

Actual Property Value	$\$1,400,000 \times 85\% =$	\$1,190,000
Sum Insured	$\$1,000,000 / \$1,190,000 =$	84.03%
Loss	$\$500,000 \times 84.03\% =$	\$420,150
Excess	\$1,000	
Insurer Pays	\$420,150 less Excess	\$419,150

PRIVACY

Pen Underwriting and the Insurer(s) 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, Singapore, Germany, Sweden 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 <https://www.penunderwriting.com.au/important-information/>.

Instructions

Please download and save this PDF to your desktop and open via Adobe Acrobat to fill out digitally. Filling the form out in your browser will not save your answers.

Please read this Proposal fully prior to answering the questions.

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

1. Your Details

Name(s):
 ABN
 ABN

Trading Name:

Name(s) in full of Principals/Partners/Directors:

Postal Address: Postcode:

Contact Name: Email:

Phone: Fax:

Describe the main activities of your business

2. Full Name of Interested Parties (eg Mortgagee):
 Nature of Interest:
3. Period of Insurance Requested: From: at 4pm To at 4pm

4. General Questions

(If more than one person, director, company or entity comprises the insured, all questions apply to all persons, directors, companies and entities and answers provided will be regarded as answers by all parties to this proposal.)

- (a) Has any insurer declined an application from you, or cancelled or refused to renew a policy of yours or imposed special terms on your insurance? Yes No
- (b) Has the business been operating for less than 12 months? Yes No
- (c) Is any portion of the property to be insured in a state of disrepair or poor condition? Yes No
- (d) Has the business been operating without insurance for more than 3 months? Yes No
- (e) Have you, or any person who will receive insurance protection under the proposed policy been Charged with, or convicted of any criminal offence in the past 10 years? Yes No
- (f) Have you, or any person who will receive insurance protection under the proposed policy been declared bankrupt or put into receivership or liquidation? Yes No
- (g) Are there any relevant facts relating to the proposed risk which you should disclose to us? Yes No
 If **Yes**, to any of the above, provide full details:
- (h) Is the business trading profitably? Yes No
- (i) Estimated Turnover:

- (j) Estimated number of Employees:
 - (k) Are your financial accounts audited at regular periods? Yes No
 - (l) Is a complete record kept of stock received and sold? Yes No
- If **No**, explain how a loss could be quantified and valued:
-
-

Detail any loss or damage to property (whether or not you made an insurance claim) in the last 5 years and, if applicable, the steps taken to prevent a recurrence:

Date Of Loss	Cause and Description	Amount \$	Applicable Excess \$	Insurer

Steps taken to prevent a recurrence

.....

.....

5. Situation(s) of Property to be Insured

Situation 1:

Situation 2:

Situation 3:

6. Property Details (Occupancy and Construction of Exterior Walls, Floors and Roof for each situation)

	Situation 1	Situation 2	Situation 3
Occupancy			
Construction			
Walls			
Frame			
Roof			
Floors – Ground			
Floors – Other			
No. of Storeys			
Approx. Age			

(If construction of walls consists of more than one material, advise approximate percentage split)

Is there any Asbestos in the structure or installation of the Premises? Yes No

If **Yes**, detail the areas:

.....

Is there any EPS panelling in the structure or installation of the premises? Yes No

If **Yes**, provide details of the panelling and floor ratio (%) taken up by the EPS panelling:

.....

Have Aluminium Composite Panels (ACP) been installed to the exterior of the building? Yes No

If **Yes**, provide details of the Panelling:

.....

7. Fire and Defined Events

(a) Are you insuring your buildings and business contents for indemnity value only? Yes No
 (If **No** you will be insured for reinstatement or replacement value)

If you are insuring for reinstatement or replacement, propose amounts to cover the cost of replacement. If you are insuring for indemnity value, propose amounts that represent the current property value.

(b) Sums Insured at the Situation	<i>Situation 1</i>	<i>Situation 2</i>	<i>Situation 3</i>
Building/s including fixtures and fittings	\$	\$	\$
Plant, Machinery, Leasehold improvements, & other Trade Contents (other than Stock)	\$	\$	\$
Stock / Merchandise	\$	\$	\$
Removal of Debris	\$	\$	\$
Extra Cost of Reinstatement	\$	\$	\$
Other (Please specify)	\$	\$	\$
Total sum insured	\$	\$	\$
(c) Accidental Damage	\$	\$	\$

8. Business Interruption

	<i>Situation 1</i>	<i>Situation 2</i>	<i>Situation 3</i>
Indemnity Period:	..... Months	..... Months	..... Months
Insured - Gross Profit or	\$	\$	\$
- Gross Revenue	\$	\$	\$
Payroll 100% (where insured separately)	\$	\$	\$
Payroll (Dual Basis)	\$	\$	\$
Additional increased cost of working	\$	\$	\$
Professional fees/claims preparation costs	\$	\$	\$
Loss of Rent for Months	\$	\$	\$
Dual Payroll Limits:			
Initial period% for weeks			
Remainder Percentage% for weeks			
Consolidation period: weeks			
Other (Please specify)	\$	\$	\$
Total sum insured	\$	\$	\$

9. Theft / Burglary Cover (as a result of forcible entry)

	<i>Situation 1</i>	<i>Situation 2</i>	<i>Situation 3</i>
Stock (excluding tobacco products)	\$.....	\$.....	\$.....
Tobacco, Cigars and Cigarettes	\$.....	\$.....	\$.....
Trade Contents (other than Stock in Trade)	\$.....	\$.....	\$.....
Theft without forcible & violent entry	\$.....	\$.....	\$.....
Other (Please Specify):	\$.....	\$.....	\$.....
Total sum insured	\$.....	\$.....	\$.....

10. Money (covering current coin, bank notes, cheques including non-negotiable cheques, credit vouchers, postal orders, unused postage and revenue stamps and other negotiable instruments)

	<i>Situation 1</i>	<i>Situation 2</i>	<i>Situation 3</i>
Money in Transit
Money on the Premises			
- During Business Hours
- Outside Business Hours (not in safe)
- In locked safe or strongroom
Money in Private Residence
Damage to Safes or Strongroom

If cover is required in Safe or Strongroom, provide details:

Make: Model: Approx Age: Size:

Is the Safe or Strong Room Door, Torch and Drill Resistant quality (TDR) Yes No

11. Accidental Breakage of Glass (show the value required at each Situation)

	<i>Situation 1</i>	<i>Situation 2</i>	<i>Situation 3</i>
External Glass	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Internal Glass	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cost of temporary shuttering	\$.....	\$.....	\$.....
Cost of sign writing or ornamentation on glass	\$.....	\$.....	\$.....
Damage to stock from breakage of glass	\$.....	\$.....	\$.....

12. Fire Protection (at each situation)

<i>Tick which of the following are applicable</i>	<i>Situation 1</i>	<i>Situation 2</i>	<i>Situation 3</i>
Are the premises sprinkler protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes,			
- Are they maintained under a service contract	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
- What type of supply?	<input type="checkbox"/> Single <input type="checkbox"/> Dual	<input type="checkbox"/> Single <input type="checkbox"/> Dual	<input type="checkbox"/> Single <input type="checkbox"/> Dual
Fire hydrants located throughout the premises	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire blankets	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hoses and reels	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hard wired thermal / smoke detectors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, battery or hardwired	.....	.....	.....

<i>Tick which of the following are applicable</i>	<i>Situation 1</i>	<i>Situation 2</i>	<i>Situation 3</i>
Area coverage%	.....	.....	.....
Fire alarm installed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , Local, Connected to Fire Brigade or Connected to Security Company	.....	.....	.....
Name of Monitoring Company	.....	.....	.....
Area Coverage %	.....	.....	.....
Are premises on town water supply	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No , provide full details of water source: .....	.....	.....	.....
.....
Distance (in kilometres) to nearest Fire Brigade	.....	.....	.....
Is Fire Brigade permanently staffed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , how are they protected: .....	.....	.....	.....
.....

13. Security (at each situation)

<i>Tick which of the following are applicable</i>	<i>Situation 1</i>	<i>Situation 2</i>	<i>Situation 3</i>
Are all perimeter doors deadlocked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all perimeter windows protection by Bars/Grills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any skylights in the roof?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Random visit Security night patrols	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , advise frequency	.....	.....	.....
PIR (Motion Detectors)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Local sounding alarm only	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alarm Connected to monitoring company	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , what type of system? <input type="checkbox"/> GPRS <input type="checkbox"/> Dedicated Line <input type="checkbox"/> Digital Dialler			
Who is notified in the event the alarm is activated <input type="checkbox"/> Client <input type="checkbox"/> Patrol <input type="checkbox"/> Police			
Does the monitoring company have access to the premises to investigate alarm activation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Details of other security measures (eg. On Site Guards/Watchman, Guard Dogs, CCTV, Bollards):			
.....			
.....			
.....			

14. **Cooking** – Refer to the **Cooking Questionnaire** at www.penunderwriting.com.au/property-policy-proposals

15. **Woodworking** – Refer to the **Woodworking Questionnaire** at www.penunderwriting.com.au/property-policy-proposals

DECLARATION

I declare that:

- I 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 have read and understood the Important Notices accompanying this Proposal
- I have diligently made all necessary enquiries in order to comply with the duty of disclosure
- I 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 have provided information about another individual, that individual has been made aware of that fact and of the Pen Underwriting Privacy Statement
- I 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 understand that any statement made in this Proposal will be treated as a statement made by all persons to be insured
- I undertake to notify Pen Underwriting of any material alteration to the information contained in this Proposal prior to inception of the proposed insurance
- I 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: