



General Liability

*Demolition, Excavation, Earthmoving,
Salvage, Salvage Sales & Asbestos Removal
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

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.

- 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.

This application is for New Business Renewal - Policy Number (if known) is:

1. Your Details

Name(s) including subsidiaries:

..... ABN

..... ABN

Trading Name:

Name(s) of Principals/Partners/Directors:

.....

.....

Postal Address:

..... Postcode:

Description of your business operations:

2. Period of Insurance

From: at 4pm To: at 4pm

3. Indemnity of Indemnity

(a) Public Liability: \$ any one occurrence

(b) Products Liability: \$ in the aggregate

(c) Asbestos Removal: \$ in the aggregate

4. Premises

Provide details of the premises occupied for the purpose of conducting your business.

Premises One:

Location:			
Occupied as:		Age (years)	
	<input type="checkbox"/> Owned <input type="checkbox"/> Leased		

Premises Two:

Location:			
Occupied as:		Age (years)	
	<input type="checkbox"/> Owned <input type="checkbox"/> Leased		

Premises Three:

Location:			
Occupied as:		Age (years)	
	<input type="checkbox"/> Owned <input type="checkbox"/> Leased		

Premises Four:

Location:			
Occupied as:		Age (years)	
	<input type="checkbox"/> Owned <input type="checkbox"/> Leased		

For additional premises, please provide details on your letterhead and include with this Proposal form.

5. Estimated Payroll

Estimated Annual Payroll (including earning of Principals, Directors, Partners):

Estimated Payroll	Payroll	Number of Staff
Management, Clerical and Sales	\$	
Manufacturing	\$	
Work away from premises	\$	
Payments to contractors and or sub-contractors	\$	
Other: _____	\$	

6. Estimated Annual Turnover

Estimated Annual Turnover/ Annual Gross Income for the following:

Description of Product / Work	Annual Turnover / Annual Gross income
Demolition	\$
Excavation	\$
Earthmoving, salvage, salvage sales	\$
Asbestos Removal	\$
Total	\$

(a) Do you manufacture, import, supply and/ or distribute any products? Yes No

If **Yes**, provide details:

.....

.....

7. Activities

- (a) What type of buildings and/or structures do you demolish?
- (b) What is the maximum height of the buildings and/or structures that you demolish?
- (c) What methods and/or machinery are used for demolition?
- (d) Provide details of your largest demolition project undertaken in the past 2 years:
- (e) What is the maximum depth of excavations that you undertake?
- (f) Do you carry out underpinning/shoring up? Yes No
 If **Yes**, provide details of previous work undertaken and experience in this type of work:

8. Contractors/ Sub-Contractors

- Do you use contractors and/or sub-contractors to perform work in your business? Yes No
- If **Yes**:
- (a) Do they work under your direct supervision or control? Yes No
 - (b) What is the estimated annual payment? \$
 - (c) What is the nature of the work carried out?
- Are contractors / sub-contractors required to carry their own insurance for:
- (a) Public Liability? Yes No
 - (b) Workers' Compensation? Yes No
- If Yes, how is this checked?
- What is the minimum limit for their Public Liability insurance? \$

9. Labour Hire

- (a) Do you use personnel supplied by labour hire companies to perform any work in your business? Yes No
 If **Yes**, please provide details

Company	Type of Work	Annual Payment
		\$
		\$
		\$
		\$
		\$

- (b) Are you required to insure these labour hire personnel for Workers Compensation? Yes No
 - (c) Do you hire out any of your employees to third parties on a labour hire basis? Yes No
- If **Yes**, please advise: Estimated Annual Revenue: \$
- Activities Undertaken:

10. Pollution

- (a) Does your use and storage of toxic substances comply with all statutory regulations and by-laws? Yes No
 - (b) Do any of your trade processes produce toxic wastes and other pollutants which have the potential to cause injury to persons or damage to property or otherwise harm the environment? Yes No
- If **Yes**, provide details:
-
- (c) Does your waste disposal or waste storage comply with government regulations and by-laws? Yes No
 - (d) Provide details of any chemicals, gases, radioactive, explosive or toxic substances used and/or stored:
 -
 -
 - (e) Are you required to hold an EPA license(s)? Yes No
- If **Yes**, provide details:
-
-

11. Care, Custody and Control

- Do you require cover for property of others in your care, custody or control? Yes No
- If Yes,
- (a) What limit of indemnity do you require? \$.....
 - (b) What is the total value of such property at all locations? \$.....
 - (c) What is the maximum value of any one item? \$.....
 - (d) Provide a brief description of such property:
 -
 -
 - (e) Is coverage afforded by any other policy of insurance? Yes No
- If **Yes**, provide details:
-
-

12. Australian Standard

- (a) With regard to Demolition work, do you perform your operations in accordance with **Australian Standard 2601 – 2001 Demolition of Structures**? Yes No
- (b) With regard to Welding work, do you perform your operations in accordance with **Australian Standard 1674 Safety in Welding and Allied Processes**? Yes No

13. Contractual Liability

Do you assume liability under contract or hold others harmless (other than lease liability)? Yes No

.....

14. Professional Exposure

Do you provide advice, design or specification to third parties?

(a) for a Fee? Yes No

(b) for no Fee? Yes No

If **Yes**, provide details:

.....

15. Claims

Provide details of all liability claims made against you in the last 7 years (whether insured or not):

Date of Loss	Amount Paid	Amount Outstanding	Excess	Details
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

16. Insurance History

Has any insurer ever declined, refused to renew, cancelled, or imposed special terms or conditions on any proposal, renewal or policy held by you? Yes No

If Yes, provide details

.....

17. Previous Insurance

Provide details of your expiring insurance:

Insurer	
Sum Insured/Sub Limit	

ASBESTOS LIABILITY INSURANCE

18. Asbestos Removal

- (a) In what year did you commence removing Asbestos?
- (b) What type of Asbestos will you be removing?
.....
.....
- (c) What methods are used to remove Asbestos?
.....
.....

19. Turnover and Wages

Estimated Turnover and Wages for Asbestos related work:

	Turnover	Wages
Actual for previous 12 months	\$	\$
Estimate for next 12 months	\$	\$

20. Asbestos Liability Insurance

- (a) Do you currently have Asbestos Liability Insurance? Yes No
If **Yes**, please advise
 - (i) What retroactive coverage date appears on your insurance policy (if applicable)?
 - (ii) What is your current deductible?
- (b) Have you ever purchased Asbestos Liability insurance for a higher limit than the amount stated? Yes No
If **Yes**, provide details
(e.g. if the limit applied to a specific year of operation or particular contract):
.....
.....

21. Code, Standards Regulations

- (a) Do you perform your operations in accordance with Australian Standard 2601-2001 Demolition of Structures Section 1.6 Yes No
- (b) Do you adhere to the 2020 Safe Work Australia how to safely remove asbestos Code of Practice including all amendments to that Code? Yes No
- (c) Do you comply with all legislation and regulations governing the removal of asbestos and man-made mineral fibres? Yes No

22. Claims History

Provide details of all Asbestos related claims experienced to date, any incident which you have been advised of, and any other incident which could give rise to a claim:

Date	Description

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: