



General Liability

Errors & Omissions Extension 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

ERRORS & OMISSIONS POLICY EXTENSION

The Errors & Omissions Extension is issued on a claims made and notified basis. This means that the Extension only covers the insured for claims first made against the insured during the period of insurance and notified to the insurer 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 Errors and Omissions Policy Extension does not provide cover in relation to acts, errors or omissions prior to the Retroactive Date.

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. Limit of Indemnity

\$ in the aggregate any one period of insurance

4. Business

Description:

.....

How long have you been established in this business?

5. Advice, Design or Specification

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

(i) for a Fee? Yes No

(ii) for no Fee? Yes No

If **Yes**, provide details:

.....

(b) Is any advice given about your products by anyone other than your own employees? Yes No

If **Yes**, provide details:

.....

(c) Do you maintain strict guidelines in respect to advice given by employees or others? Yes No

What type of advice is given, and by whom?

.....

(d) Do you design your own products? Yes No

(e) Is there a design team or a research and development team? Yes No

If **Yes**, provide staff numbers, qualifications and experience:

(f) Provide details of estimated annual payroll (including principals, directors and partners):

Category	Payroll	Number of Staff
Clerical	\$	
Management	\$	
Sales	\$	
Skilled Tradespeople	\$	
Unskilled Workers		
Technical / Professionals		

6. Product Information

(a) Provide details of your products:

Product	Use	Turnover	Manufacture (M) Import(I) Distribute (D) Export (E)	Destination (If Export) Source Country (if Import)

(b) Do you produce a "one off" or repetition product? Yes No

(c) Provide a brief description of the type of customers who use the product:

(d) Are you involved in any prototype or "state of the art" design or manufacture? Yes No

(e) Do you anticipate developing any new "state of the art" products in the next 12 months? Yes No

If **Yes** to 6(d) or (e), provide details:

(f) What is the average number of products produced per batch?

(g) What is the average number of products produced per year?

7. Quality Control

(a) Do you have an ISO9000/ AS3900 accreditation? Yes No

If **No**,

(i) Do you operate a quality control / recording system? Yes No

(ii) When was this program last reviewed and / or updated? Yes No

(iii) Do you have a quality assurance department? Yes No

If **Yes**, who is the head of the department and what are their qualifications and experience?

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(iv) Do your products undergo a formal testing / evaluation process either in-house or by external testing authorities? Yes No

If **Yes**, provide details:.....

.....

(v) Do designs undergo a formal testing / evaluation process either in-house or by external testing authorities? Yes No

If **Yes**, provide details:

.....

(vi) Are all products subject to quality control procedures? Yes No

(vii) Is there a formal product design / manufacture / safety review process? Yes No

If **Yes**, provide details:.....

.....

(viii) What are the quality control procedures that the company utilises to ensure that correct designs / advice / representations / warranties are used?

.....

(ix) What inspections and / or tests are made on product samples?

.....

8. Contractual

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

If **Yes**, provide details:

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9. Claims and/or Loss Experience

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
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

(a) After investigation, are you aware of any facts, matters or circumstances which could give rise to a claim under the proposed insurance and which are not mentioned at 9(a) Yes No
 If **Yes**, provide details:

10. 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

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: