



General Liability

Stock Feed 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.

Please read this Proposal Form 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.

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:

2. Period of Insurance

From: at 4pm To at 4pm

3. Cover Required

Public Liability \$ any one occurrence

Products Liability \$ annual aggregate

4. Estimated Annual Turnover: \$

5. How do you ship feed (eg: in bulk, bags or both)?

(a) What percentage (%) of the insured's feed production is bagged?%

(b) How much is in bulk form?

6. What form of feed do you produce?

Mash Pellets Liquid Textured Crumbles

Other - Please specify:

7. To whom do you deliver the feed?

Farmer Store

Other - Please specify:

8. What raw materials do you use in your feed formula?

.....

9. Do you back haul raw materials from farmers?

Yes No

If Yes, provide details:

10. How do you control dust in the production?

.....

11. Do you comply with regulatory standards on Blower and Exhaust System Dust, Stock and Vapour Removal and Conveying Standards for the prevention of fires and explosions in feed mills? Yes No

If **No**, provide details:

12. Does the Insured use a magnetic separator to remove metallic objects from grains before they are cracked or ground? Yes No

13. Does the Insured have a railroad siding on the premises? Yes No

14. (a) Have any product liability claims ever been brought against you? Yes No

(b) Have you ever been named as the defendant in Product Liability litigation? Yes No

15. Do you have a sample retention program? Yes No

16. Do you keep accurate records which can trace all ingredients from receiving to shipping? Yes No

17. **Are the ingredients purchased by price or does the insured have specific ingredient purchasing stipulations?**

.....

18. Have you ever refused ingredients that do not meet their purchasing stipulations? Yes No

19. Have you outfitted conveyors with the appropriate static electricity suppression devices? Yes No

20. (a) What is the reputation and loss history of the Insured's suppliers?

.....

(b) Have any of your suppliers ever been named as defendants in Product Liability litigation? Yes No

If **Yes**, provide details:

.....

21. Do you comply with all applicable regulatory standards on animal feed production? Yes No

22. **List all properties owned or leased by you and their function:**

Property	Description	Owned or Leased
		Owned <input type="checkbox"/> Leased <input type="checkbox"/>
		Owned <input type="checkbox"/> Leased <input type="checkbox"/>
		Owned <input type="checkbox"/> Leased <input type="checkbox"/>
		Owned <input type="checkbox"/> Leased <input type="checkbox"/>

23. **Contractors / Sub-Contractors**

Do you use contractors and/or sub-contractors to perform work in your business? Yes No

If **Yes**,

Do they work under your direct supervision or control? Yes No

What is the estimated annual payment: \$

What is the nature of 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? \$.....

24. Labour Hire

Do you use personnel supplied by labour hire companies to perform work in your business? Yes No

If **Yes**, advise:

Company	Type of Works	Annual Payments
		\$
		\$
		\$

Are you required to insure these labour hire personnel for Workers Compensation? Yes No

25. Provide a schedule of all unregistered vehicles (eg: Forklifts):

- (a)
- (b)
- (c)
- (d)
- (e)

26. 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:

27. 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

DECLARATION

I/We 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: