Important Notices
Please read these Important Notices before completing the Proposal.

Your Duty of Disclosure
Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of his business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-disclosure
If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Preventing Our Right of Recovery
Our liability to you for loss or damage under the Policy may be excluded or limited if you enter into an agreement that excludes or limits your or our rights to recover monies from any other person or entity in respect of that loss or damage. This applies to any agreement you enter into before or after you enter into the Policy.

Other Interests
You must declare the interests of all parties (eg principals and financiers) to be covered by the Policy. Their interests will be protected only if they have been noted in the Schedule.

Privacy
Pen Underwriting handles 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.

General Insurance Code of Practice
Pen Underwriting and Underwriters at Lloyd’s proudly support the General Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry. A copy of the Code can be obtained from www.codeofpractice.com.au or from us upon request.

Further Information
Your insurance broker can assist you to complete this Proposal. 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 Pen Underwriting through your insurance broker as he is your agent for this insurance.
1. **Proposer(s)**
   
   Name: ...........................................................................................................................................................................

   Trading As: .......................................................................................................................................................................

   In the capacity of: ...............................................................................................................................................................

   Licence No: ........................................................................................................................................................................

   Address: ...........................................................................................................................................................................

   Website: ...........................................................................................................................................................................

   Phone No: .............................................................. Fax No: ..........................................................

   Email: ..............................................................................................................................................................................

2. **Company Details**
   
   (i) What year was your company registered?................................................................................................................

   (ii) How long have you operated this business? .............................................................................................................

3. **The Construction Contract**
   
   (i) Description of the Construction Contract (or full description of activities if Annual): .................................................................

   (ii) Location of Site (or predominant area if Annual): ...........................................................................................................

   (iii) Period of Contract or Contracts Commenced Between

   From: .............................................................................................................................. at 4pm

   To: ............................................................................................................................... at 4pm

   Testing Period: ................................................................................................................ weeks

   Maintenance Period: ..................................................................................................... months

4. **Construction Liability**
   
   (i) Public Liability $ ........................................................................

   (ii) Products Liability $ ........................................ (available for Annual policies only)

   (iii) Is there any

   (a) Blasting taking place? □ Yes or □ No

   (b) Flame cutting / welding taking place? □ Yes or □ No

   (c) Hazardous Goods being used? □ Yes or □ No

   (d) Toxic liquids / substances being used? □ Yes or □ No

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

   (iv) Please provide details of any adjoining properties that may be affected by your construction activities and provide copies of the Delipidation Reports for this properties.

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

   ..............................................................................................................................................................................
5. **Please answer the questions under this Section 5 if cover is for Single Project insurance only**

(i) Describe the type of foundation to be constructed:
- [ ] Pad
- [ ] Strip
- [ ] Slab
- [ ] Raft
- [ ] Other, please describe: .........................................................

(ii) Is Demolition required?
- [ ] Yes or [ ] No
Is it to be Insured?
- [ ] Yes or [ ] No
If Yes, describe what is to be demolished and the method to be used: .................................................................

(iii) Will there be any Asbestos removal?
- [ ] Yes or [ ] No
If Yes, please provide details: ..............................................................

(iv) Civil Works required
- [ ] Excavation
- [ ] Shoring
- [ ] Pipelaying
- [ ] Piling
- [ ] Retaining Walls
- [ ] Trenching
- [ ] Roadworks
Please describe each activity including area, depth, height, number of, method, etc: ..........................................................

(v) Name, address and involvement of consulting engineers (not covered under the Policy): ..................................................

(vi) Will ground water be present
- [ ] Yes or [ ] No
If Yes, will it have to be lowered?
- [ ] Yes or [ ] No

(vii) Will services have to be relocated?
- [ ] Yes or [ ] No
If Yes, describe the procedure in place, in order to do this safely: .................................................................

(viii) What is the maximum slope of the Contract Site?
- [ ] Flat <1:10
- [ ] Undulating 1:10 – 1:5
- [ ] Hilly 1:5 – 1:3
- [ ] Mountainous >1:3

(ix) What are the sub soil conditions:
- [ ] Rock
- [ ] Gravel
- [ ] Sand
- [ ] Clay
- [ ] Loam
- [ ] Reclaimed Land
- [ ] Land Fill
- [ ] Other, please describe: ..............................................................

(x) Is the Contract Site exposed to:
- [ ] Flood
- [ ] Inundation
- [ ] Landslip
- [ ] Action of the Sea
- [ ] Bushfires
- [ ] Other hazards
If yes, please describe .................................................................

(xi) State nearest watercourse, lake or sea and distance from the Contract Site: .................................................................

6. **Please answer the questions under this Section 6 if cover is for Annual insurance only**

(i) What is the estimated total value of contracts to be commenced during the Period of Insurance $ ..........................................................

(ii) What is the Maximum Construction Period to be Insured? ................................................................. months
7. **Claims**

After investigation with present and past insurers, have you in the last 5 years had a claim made against you (whether insured or not) related to a construction project:  
- Yes or No

If yes, please provide full details: .................................................................................................................................................................................................
.............................................................................................................................................................................................................................................................
.............................................................................................................................................................................................................................................................

8. **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 or No

If yes, please provide details: ........................................................................................................................................................................................................
........................................................................................................................................................................................................................................................................
........................................................................................................................................................................................................................................................................

Are there any other matters to disclose to us to fulfil your Duty of Disclosure?  
- Yes or No

If yes, please provide relevant details: ................................................................................................................................................................................................
........................................................................................................................................................................................................................................................................
........................................................................................................................................................................................................................................................................

**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:** ..........................................................