



Transport

Dangerous Goods Questionnaire

V1020

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

MATTERS THAT AFFECT OUR DECISION TO INSURE YOU AND ON WHAT TERMS

For the purposes of Your Duty of Disclosure, the following matters will affect our decision to insure You and or the terms that may be offered:

Your Drivers

Where Your drivers have:

- 2 traffic infringements in the current 12 months
- Lost their licence within the past 5 years
- A medical condition that could inhibit their driving, such as blackouts, dizziness and diabetes
- Had a criminal conviction in the past 5 years

You

Where:

- You have had an insurance policy for similar cover declined or cancelled or you have been refused renewal of your policy

- You have been bankrupt at any time in the past 5 years
- Where your company has been insolvent or under administration or had a receiver and manager appointed
- You have been a director of a company that went into liquidation in the past 5 years

Vehicle

Where:

- Your Vehicle, while owned by You, has been uninsured for the past 3 months
- You are not the registered owner of the Vehicle

UNDER INSURANCE

If the Sum Insured for Your Vehicle is less than 85% of the Market Value at the time of an Accident or event, You will become Your own insurer for a portion of the loss or damage to Your Vehicle. The Co-Insurance clause is set out in the Claims Conditions.

NO COVER IF RIGHTS “SIGNED AWAY”

This policy does not cover loss, destruction, damage or legal liability in respect of which any right which you may otherwise have against any person is excluded or limited by reason of any agreement you may enter into.

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.

- Please 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. What *Dangerous Goods* are carried?

Product	Class and Sub-Risk	UN Identification	Packing Group	Typical Quantities Carried
EXAMPLE: PETROL	3	N1203		40,000 lt per vehicle

2. Do you carry any Security Sensitive Ammonium Nitrate? Yes No

If **Yes**, who has the appropriate licenses to handle, transport or store such material?

3. How are the Dangerous Goods contained?

- Drums Cans Bulk Tanks
- Other – please provide details:.....

4. What type of vehicle carries these Dangerous Goods?

- Tray Table Top Vehicle Road Tanker Enclosed (Pan Tech / Tautliner) Vehicle
- Other – please provide details:.....

5. Are your Dangerous Goods vehicles placarded with?

- (a) Class Labels (Diamonds) only? Yes No
- (b) Class Labels and Emergency Information Panels (EIP's) Yes No

6. Facilities Do you engage any contractors and or subcontractors? Yes No

DECLARATION

I declare that:

- I am authorised by each of the Applicant(s) to sign this Questionnaire
- The statements in this Questionnaire are true and complete and no material information has been withheld
- I have read and understood the PDS and Policy and the Important Notices accompanying this Questionnaire
- 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(s):

Date:

Full Name(s):

Title: