



Construction

Plant and Equipment Renewal Form

V1220

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

AVERAGE/UNDERINSURANCE

The cover afforded under this Policy is subject to average/underinsurance. The Named Insured must insure the Insured Item for the current Market Value and if the Named Insured does not the Insurer will only pay the proportion of the claim that the Sum Insured bears to that Market Value.

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 Renewal 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.

Named Insured	Policy Number	Expiry Date
...../...../.....
<div data-bbox="193 882 671 978" style="background-color: #cccccc; padding: 5px;">Policy Wording</div>	

1. Business Description

Please provide a full description of the business activities and/or undertaken by the Insured during the last 12 months.

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Detail any changes to the business activities and/or operations anticipated in the next 12 months.

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Number of Employees:.....

2. Turnover

Indicate the percentage of Turnover to be carried out by state:

	QLD	WA	NT	NSW	VIC	SA	ACT	TAS
CBD %								
Suburban %								
Rural %								
Above 25 th Parallel %								

3. Operators, Licensing and Safety Precautions

(a) Does the Applicant require:

- (i) all operators' credentials, licenses, qualifications and history, to be fully checked and verified? Yes No
- (ii) all operators to be fully conversant with all relevant statutory requirements? Yes No
- (iii) all operators to be fully conversant with all manufacturers' instructions? Yes No
- (iv) all operators to be fully conversant with all relevant Australian Standards and industry standards? Yes No

If **No**, please provide details:

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(b) Has any item been modified from the original manufacturers' specification? Yes No

If **Yes**, please provide details:

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(c) Please describe the security measures for any item left unattended onsite overnight:

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(d) Please provide value of Hired In Fees:

4. Site Works

Will the project include any of the following?

- (a) Blasting or explosives (other than nail guns) Yes No
- (b) Works over 5 storeys high? Yes No
- (c) Actual excavation or works in an existing excavation deeper than 10 metres Yes No
- (d) Underground works such as tunnels, shafts, mines or galleries Yes No
- (e) Road works or bridges Yes No

- (f) Work north of the 25th Parallel South Yes No
- (g) Pipelines greater than 1.0 metres in diameter Yes No
- (h) Excavation of Underground services on site (other than to install new services) Yes No
- (i) Directional drilling or boring greater than 1 metre in diameter (other than piling/piers) Yes No
- (j) Work in or around an airport or aircraft landing area or working railways or tramlines Yes No
- (k) Work in gas, oil, chemical or petrochemical plants including any work on gasoline service stations Yes No
- (l) Water or Sewerage Treatment Plants Yes No
- (m) Work in mining processing plants Yes No
- (n) Technology which is of a prototype nature Yes No
- (o) Work on landfills, land which is listed on the contaminated land register or the application of waste or chemical products to land Yes No
- (p) Dams, Cofferdams, Breakwaters Yes No
- (q) Works in, over or under water / in watercourse. Yes No
- (r) Demolition only Yes No
- (s) Power Generator / Distribution Lines Yes No
- (t) Works located outside mainland Australia or Tasmania Yes No

5. Claims History

- (a) Are you aware of any loss, damage, claims, occurrences or events which may give rise to a claim under this, or any other insurance, which have not previously been notified to Pen Underwriting? Yes No

If **Yes**, please provide details:

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ATTACHMENTS

*Required

- Material Damage Claims Experience on Insurer Letterhead – 3-5years minimum*
- Liability Claims Experience on Insurer Letterhead – 5-7 years minimum*
- Project Schedule for the next 12 months*
- Project Schedule for the last 12 months
- Plant and Equipment Schedule, including Model, Year, Value and Registration Status
- Other. Please list below:

DECLARATION

I declare that:

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