

Commercial Motor Vehicle Proposal Form

Your duty of disclosure

Under the Insurance Contracts Act 1984, You have a Duty of Disclosure. The Insurance Contracts Act requires that before a policy is entered into, You must give Us certain information that We need to decide whether to insure You and anyone else to be insured under the Policy, and on what terms. Your Duty of Disclosure differs depending on whether or not this is a new Policy.

You must also tell Us anything: (a) You know to be a matter relevant to the decision of the insurer whether to accept the risk and if so, on what terms; or (b) A reasonable person in the circumstances could be expected to know to be a matter so relevant.

Your duty of disclosure does not require the disclosure of a matter: (a) That diminishes the risk; (b) That is of common knowledge; (c) That the insurer knows or in the ordinary course of the insurer's business as an insurer ought to know; or (d) Which We indicate We do not want to know about.

1. Proposed period of insurance

From: to 4.00pm local standard time.
 (Insured period cannot exceed 12 months)

2. Proposer's details

(Include all proposer's names, trading names & subsidiaries)

Proposer's name/s:

Business Address:

State: Post Code:

Postal Address: (If same as Business Address put "As Above")

State: Post Code:

How many years have you been operating this business?

3. Contact details

Business Phone: Mobile: Home Phone:

Fax: Email:

4. GST details

Are you registered for GST? Yes No

Your ABN:

Have you claimed or are you intending to claim an ITC on the GST component of the premium? Yes No

Is the amount you have claimed or intend to claim less than 100% of the GST amount? Yes No

Please specify the percentage amount you have already, or, intend to claim: %

5. Finance details

Are any of your vehicles under any form of Lease, Commercial Hire Purchase, or other finance? Yes No

If **'Yes'**, please identify the Finance Company/s against the relevant vehicles in the schedule below.

6. Vehicles to be insured

(If insufficient room, please supply separate list as per details below)

NB. Sums Insured to include cost of all fixed accessories, including tarps, gates, load binders etc., plus any non standard equipment such as refrigerators, TVs etc which are to be listed separately **and less the GST amount if you are registered for GST.**

ITEM 1	Year: <input type="text"/>	Make/Model: <input type="text"/>	Body Type: <input type="text"/>
	Rego: <input type="text"/>	Vin/Engine no: <input type="text"/>	Proposed Sum Insured: <input type="text"/>
	Finance Company: <input type="text"/>	Radius of Operation (klms): <input type="text"/>	
	Non-Standard Accessories & Value: <input type="text"/>		

ITEM 2	Year: <input type="text"/>	Make/Model: <input type="text"/>	Body Type: <input type="text"/>
	Rego: <input type="text"/>	Vin/Engine no: <input type="text"/>	Proposed Sum Insured: <input type="text"/>
	Finance Company: <input type="text"/>	Radius of Operation (klms): <input type="text"/>	
	Non-Standard Accessories & Value: <input type="text"/>		

ITEM 3	Year: <input type="text"/>	Make/Model: <input type="text"/>	Body Type: <input type="text"/>
	Rego: <input type="text"/>	Vin/Engine no: <input type="text"/>	Proposed Sum Insured: <input type="text"/>
	Finance Company: <input type="text"/>	Radius of Operation (klms): <input type="text"/>	
	Non-Standard Accessories & Value: <input type="text"/>		

ITEM 4	Year: <input type="text"/>	Make/Model: <input type="text"/>	Body Type: <input type="text"/>
	Rego: <input type="text"/>	Vin/Engine no: <input type="text"/>	Proposed Sum Insured: <input type="text"/>
	Finance Company: <input type="text"/>	Radius of Operation (klms): <input type="text"/>	
	Non-Standard Accessories & Value: <input type="text"/>		

ITEM 5	Year: <input type="text"/>	Make/Model: <input type="text"/>	Body Type: <input type="text"/>
	Rego: <input type="text"/>	Vin/Engine no: <input type="text"/>	Proposed Sum Insured: <input type="text"/>
	Finance Company: <input type="text"/>	Radius of Operation (klms): <input type="text"/>	
	Non-Standard Accessories & Value: <input type="text"/>		

Have any of the vehicles been modified from the manufacturers specifications? Yes No

If **'Yes'**, please specify:

Are these modifications in line with Australian Design Rules? Yes No

If **'No'**, please specify

Are all of the vehicles in a safe and roadworthy and undamaged condition? Yes No

If **'No'**, please specify:

Will any of the vehicles be working underground in mining, excavation etc? Yes No
 If 'Yes', please specify:

Will any of the vehicles be working within the boundaries of an airport? Yes No
 If 'Yes', please specify:

Are your vehicles parked in a secure compound when not in use? Yes No
 If 'No', please describe location & additional security devices used (immobiliser, GPS, king pin locks, etc):

7. Operations details

Are you a PRIME CONTRACTOR? Yes No Percentage of Work %
 Are you a SUB-CONTRACTOR? Yes No Percentage of Work %
 Are you a TOW OPERATOR? Yes No Percentage of Work %

Please provide details of types of loads and percentage of total work

LOAD TYPE		LOAD TYPE		LOAD TYPE		LOAD TYPE	
Brick, tile, pipes	%	Logs	%	Sawn timber	%	Furniture	%
Cars	%	Grains	%	Coal	%	Hazardous goods	%
Dry foods	%	Machinery	%	Sand & gravel	%	Liquids - non hazardous	%
General - non hazardous	%	Refrigerated food	%	Livestock	%	Scrap metal	%
Livestock	%	Frozen food	%	Concrete	%	Waste	%
Containers	%	Fuel	%	Garbage	%	Other	%

Hazardous Goods

If you carry Hazardous Goods, please provide details below:

VEHICLE REGISTRATION	TYPE AND CLASS OF DANGEROUS GOODS	QUANTITIES

Limit of Hazardous Goods Liability Required per unit: \$

Will you be operating any Road Train configurations? Yes No
 If 'Yes', please specify how many Road Trains you operate at any one time:

Are any of the vehicles leased or hired out or on loan to other parties? Yes No

If 'Yes', please specify:

Do you operate under any form of Risk Management program? Yes No

If 'Yes', please specify:

Are you a member of 'TruckSafe' or other similar form of industry scheme? Yes No

Do you, or will you have drivers under 25 years of age, and/or, have less than 2 years experience who drive articulated vehicles, or, vehicles with a carrying capacity over 10 tonnes

Yes No

If 'Yes', please specify:

8. Proposer's history (All proponents)

a. Have you ever had insurance cover declined, cancelled or a renewal refused, or, special conditions imposed - including imposed Risk Management procedures and conditions? Yes No

b. Have you ever had an insurance claim refused or denied? Yes No

c. Do you, or any of your drivers, suffer from any physical or mental defects or health conditions including diabetes, high blood pressure, heart or renal disease or other medical condition that requires medication and/or monitoring? Yes No

d. Have you, or any of your drivers, been convicted of any criminal offence in the past 10 years? Yes No

e. Have you, or any of your drivers, ever been convicted of any driving offences and/or had drivers' license suspensions or cancellations in the past 5 years? Yes No

f. Have you, or any business you were associated with, ever been declared bankrupt, had a receiver appointed, been liquidated, or, had a default judgement entered against you? Yes No

g. Have you ever owned a transport/truck company under a different company name? Yes No

If you have answered 'Yes' to any of the questions in "8. Proposer's history" above, please specify details here:

If you have answered 'Yes' to "c" above, please supply a copy of current medical clearance certificate as required by Australian regulations.

In the past 5 years, have you lodged any claims in connection with a Motor Vehicle policy or been involved in any incidents even where a claim was not lodged or the claim was withdrawn? Yes No

If 'Yes', please specify below - if there is not enough room please supply on separate page. In any event, we require you to supply a claims printout from each of your insurers over the past 5 years.

CLAIM DETAIL 1	Date: <input type="text"/>	Amount of Loss: <input type="text"/>
	Details of Incident (including Vehicle): <input type="text"/>	
	Insurer: <input type="text"/>	Driver's name: <input type="text"/>

CLAIM DETAIL 2	Date: <input type="text"/>	Amount of Loss: <input type="text"/>
	Details of Incident (including Vehicle): <input type="text"/>	
	Insurer: <input type="text"/>	Driver's name: <input type="text"/>

CLAIM DETAIL 3	Date: <input style="width: 300px;" type="text"/>	Amount of Loss: <input style="width: 150px;" type="text"/>
	Details of Incident (including Vehicle): <input style="width: 100%; height: 40px;" type="text"/>	
	Insurer: <input style="width: 300px;" type="text"/>	Driver's name: <input style="width: 150px;" type="text"/>

CLAIM DETAIL 4	Date: <input style="width: 300px;" type="text"/>	Amount of Loss: <input style="width: 150px;" type="text"/>
	Details of Incident (including Vehicle): <input style="width: 100%; height: 40px;" type="text"/>	
	Insurer: <input style="width: 300px;" type="text"/>	Driver's name: <input style="width: 150px;" type="text"/>

(If you have supplied the appropriate claims print outs, please just put “**As per attached Claims Print Outs**” except accidents that were not reported to the insurers and claims that were withdrawn.)

Before you sign this proposal, please ensure that you have answered each question correctly and accurately and that the claims history you have supplied is correct and up to date. If there are any other facts or details that you know of, or could be reasonably expected to know of, that may affect our assessment of the risk, which has not already been covered by the questions in this proposal, you must also disclose this information to us.

Details:

9. Proposer's declaration

I/We confirm that the answers given in this proposal are true and correct in all respects. I/We also confirm that no Insurance is in force until such time that the Insurer accepts this proposal of insurance and that this proposal forms the basis of the insurance contract between Me/Us and the Insurer. Where the answers are not in My/Our handwriting, I/We agree that they have been checked for accuracy and certify them as correct.

All proposers must sign and date this proposal form below before cover is effected.

Proposer's Name: Date:

Signature: Time: ● am ● pm

Proposer's Name: Date:

Signature: Time: ● am ● pm

Privacy

We are bound by the Australian Privacy Principles (APPs) under the Privacy Act 1988 (Cth) and comply with the Privacy Act 1988 (Cth). We are committed to ensuring that all Our business dealings comply with the APPs and acknowledge the importance of keeping personal details for individuals confidential and secure.

We collect personal information for the purpose of providing insurance, including arranging insurance, policy administration and claims handling.

We disclose personal information to reinsurers, insurance intermediaries, insurance reference bureaux, credit reference agencies, Your broker and those involved in the claims handling process, for the purposes of assisting Us and them in providing relevant services and products, and for the purposes of litigation. We limit the use and disclosure of any personal information provided by Us to them to the specific purpose for which We supplied it. By providing personal information to Us or Our agent, You consent to Us making these disclosures.

Without this information, We may not be able to provide You with the services You require.

When You give Us personal information about other individuals, We rely on You to have made or make them aware that You will or may provide their information to Us and the types of third parties We may provide it to, the relevant purposes We and the third parties will use it for, and how they can access it. If You have not done or will not do either of these things, You must tell Us before You provide the relevant information.

If You would like a copy of Our Privacy Policy, would like to seek access to or correct Your personal information, or opt out of receiving materials We send, please contact Us.