

# Proposal Form - Taxi Operators & Passenger Transport

Please complete the attached in full and append any additional information as required.

Failure to do so may result in a delay in processing your application.

## Insurance details

Proposed Period of Insurance From:  To:

Base of Operation:

Taxi /Operator Network you belong to:   
(if none please write nil)

## Proposer details

The Insured:

ABN (if applicable):

Postal Address:

Telephone:  Mobile:  Work:

Email:

## Insurance and claims history

Current Insurer (If Applicable):

Policy Number:

Expiry Date:

Have you ever had insurance declined, cancelled or refused or a claim denied?  
(If **'Yes'** please provide or attach details):  Yes  No

Have you ever committed a criminal offence or been declared bankrupt?  
(If **'Yes'** please provide or attach details):  Yes  No

## Vehicle Details

Do any of the vehicles to be insured carry Dangerous Goods?  Yes  No

Have any of the vehicles to be insured been modified to increase performance?  Yes  No

Year:  Make:

Model:  Body Type:

Wheelchair Accessible?:  Yes  No

Value of Wheelchair Conversion:   
(Mechanical Hoists only)

Registration No:  Vin No:

Interested Party (Financial or Other):

Engine No:

Total Taxi Equipment Sum Insured - \$3,000 Automatic Cover Benefit applies:

Is there a Dash Cam fitted?:  Yes  No

For additional vehicles please attach a schedule.

# Business liability cover

Business Liability Cover Limit required:  \$10m  \$20m

Depot Street Address Location:

Depot Operator Liability  Yes  No

Property Owners Liability  Yes  No

Do you have vehicles not insured here that require Business Liability Cover?  Yes  No

If **'Yes'** please list vehicle registrations below:

REGISTRATION NUMBER	WHEELCHAIR ACCESSIBLE (Yes/No)
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

## Driver information

Are you or any drivers of the vehicle/s under 25 years old?  Yes  No

Have you or any driver in the past 5 years had 3 or more at fault accidents?  Yes  No

Have you or any driver in the past 5 years had a licence suspension?  Yes  No

Have you or any driver in the past 5 years had a conviction for DUI or failure to provide a breath sample?  Yes  No

Please attach/provide additional information including a current licence history print for any question answered **'Yes'** above

## Your privacy

We require your personal information in order to recommend and advise on and arrange insurance, assist on claims and generally administer your insurance including financing thereof. We may disclose your personal information to insurers and their service providers such as loss adjusters, risk surveyors and your financiers such as mortgagees or other parties to the insurance contract and other parties who may assist us or become involved in the provision of our services. In requesting our services in any form you are consenting to us collecting and disclosing your personal information to meet our service objectives. You should advise any change of personal information immediately.

## Your duty of disclosure

We rely on the information you provide to us, in deciding whether to insure you and the terms on which we will insure you. To comply with your Duty of Disclosure when first entering into an insurance contract with us, you must tell us everything you know and that a reasonable person in the circumstances could be expected to tell us, in answer to the questions we ask you, including both on the application form and any verbal questions. This applies to every person insured under the policy. If you fail in your Duty of Disclosure, we may reduce or deny any claim you make or cancel your policy. If you fraudulently keep information from us, or deliberately make false statements, we may avoid your contract and treat your insurance as if it never existed. To comply with your duty of disclosure when you vary, renew, extend, reinstate or replace your policy, you must tell us everything that you know, and which a reasonable person in the circumstances could be expected to know, is relevant to our decision whether to insure you and, if so, on what terms. You do not have to tell us anything that is common knowledge that we should know through our business, that reduces the risk of a claim or that we tell you we do not need to know.

## Declaration

- I/We declare that the answers given herein are in every respect true and correct.
- I/We have not withheld any information likely to affect the acceptance of this insurance.

Signature:  Date:

This product is underwritten by The Hollard Insurance Company Pty Ltd ABN 78 090 574 473, AFSL 241436 and issued by ATL Insurance Group Pty Ltd ABN 33 133 273 631 AFS Licence No. 333234