

# Proposal Form for Passenger Transport Operators

Please complete **ALL SECTIONS** of the Proposal Form and provide any additional information as required. Please send this form and additional information to [quotes@atlinsurance.com.au](mailto:quotes@atlinsurance.com.au). Failure to do so may result in a delay in processing your application.

## Proposal details

Proposed Period of Insurance From:  To:

Base of Operation Town:  Suburb:  Post Code:

Operator Network you belong to (if none please write N/A)

## Proposer details

The Insured (Full Name or Company Name):

Insured Date of Birth:  Your ABN (if applicable):

Postal Address:

State:  Post Code:

Telephone:  Mobile:

Land Line (Business Hours):  Email:

Operator Accreditation Number:  Year established:

## 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?  Yes  No  
 (If **Yes** please provide or attach details):

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

Please provide Your Insurance Claim particulars here for the last 5 years  
 Attach Claims history print from your current insurer with this Proposal Form

Year	Claim Type & Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

# 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:  Interested party (financial or other):

Vin No:  Engine No:

Taxi Equipment Sum Insured:

Non standard accessories & values:

Is there a Dash Cam fitted?  Yes  No

For additional vehicles please attach a schedule.

# Business liability cover

Business Liability Cover Limit required:  Not Required  \$10m  \$20m

Depot Street Address Location:

Depot Operator Liability  Yes  No

Property Owners Liability  Yes  No

Do you have vehicles not listed on this proposal or attached schedule that require Business Liability Cover?  Yes  No

If yes please list vehicle registration details below:

Registration Number	Wheelchair Accessible
<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

Do you, or will you have drivers under 25 years of age, and/or, have less than 2 years experience?  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

For any question above answered "Yes" please attach/provide additional information including a current licence history print from your relevant State or Territory Department of Transport.

# Your 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.

# 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. You have this duty until we agree to insure you.

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 (must be completed)

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.

Name:  Position Held:

Signature:  Date: