

# 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

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

Proposer's name/s:

Trading Name

Depot Address:

State:  Post Code:

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

State:  Post Code:

Business Phone:  Mobile:

Email:

How many years have you been operating this business?

### 3. 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.**

<b>ITEM 1</b>	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"/>
	Type of goods carried: <input type="text"/>
<b>ITEM 2</b>	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"/>
	Type of goods carried: <input type="text"/>
<b>ITEM 3</b>	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"/>
	Type of goods carried: <input type="text"/>
<b>ITEM 4</b>	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"/>
	Type of goods carried: <input type="text"/>
<b>ITEM 5</b>	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"/>
	Type of goods carried: <input type="text"/>

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

If 'Yes', please specify: **Please note vehicles that are illegally modified will not be covered by the policy.**

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', we are unable to provide insurance.

Will any of the vehicles be working within the boundaries (airside) of an airport?  Yes  No  
 If 'Yes', we are unable to provide insurance.

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):

## 4. Operations details

Are you a PRIME CONTRACTOR?	<input type="radio"/> Yes <input type="radio"/> No	Percentage of Work	%
Are you a SUB-CONTRACTOR?	<input type="radio"/> Yes <input type="radio"/> No	Percentage of Work	%
Are you a TOW OPERATOR?	<input type="radio"/> Yes <input type="radio"/> No	Percentage of Work	%

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

### Hazardous Goods *(Please note cover is restricted to the standard policy limits unless agreed in writing by ATL)*

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:

## 5. Proposer's history (All proponents)

Do you or will you have drivers who drive articulated vehicles who are aged under 23 years of age and/or have held an Australian drivers licence for the type of vehicle being driven for less than 2 years?  Yes  No

Do you or will you have drivers who drive rigid motor vehicles with a carrying capacity in excess of 10 tonnes who are aged under 21 years of age and/or have held an Australian drivers licence for the type of vehicle being driven for less than 2 years?  Yes  No

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

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

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

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

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

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

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:

Have you had prior commercial motor insurance?  Yes  No

**If 'Yes' we require a claims print for up to five years from your previous insurer/s to enable us to consider the premium we can offer you.**

## 6. 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.

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.