

Public Liability 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.

Proposed period of insurance

From date: to date **4.00pm local standard time.**

Proposer's details

Proposer's Full Name/s:

Trading Name:

Postal Address:

State: Post Code:

Street Address:

State: Post Code:

Depot Address:

(if different to above)

State: Post Code:

Depot Address:

(if applicable)

State: Post Code:

Depot Address:

(if applicable)

State: Post Code:

Phone: Mobile: Fax:

Email:

Required limit of liability

\$10million

\$20million

Excess Required:

\$500

\$1,000

Occupation: Transport Operator

Important Information

The standard ATL Public Liability Wording only provides Liability cover for Your Occupation as a Transport Operator and does not provide cover for any other business activities.

Additional information

Do You store any fuel underground: Yes No

If **'Yes'** to the above, amount of storage in litres litres

Do You store more than 10,000 litres of fuel in above ground tanks: Yes No

If **'Yes'** to the above, amount of storage in litres litres

Does storage site have Bunding: Yes No

If **'Yes'**, please supply details including quantities:

Do You repair your own Vehicles: Yes No

Do You repair other Vehicles: Yes No

Do You store other peoples Goods for more than 24hrs: Yes No

If **'Yes'**, please supply details plus maximum amount in Dollars at any one time:

Do You own or lease any of the premises from which you conduct Your Occupations Yes No

If **'Yes'**, please supply details:

Do You lease out or rent any premises to other parties: Yes No

If **'Yes'**, please supply details:

How many powered units do You operate: (including all trucks/prime movers, and associated equipment in connection with your occupation as a Transport Operator)

Will You pay more than \$50,000 to any subcontractors, or in fees to Labour Hire Firms in the Policy Period: Yes No

If **'Yes'**, please supply details:

Proposer's history

Have You ever had a Public Liability or any other Insurance policy declined, cancelled, renewal refused or had any special conditions imposed in relation to Insurance coverage: Yes No

If **'Yes'**, please supply details:

Have You ever lodged a claim in connection with a Public Liability Policy Yes No

If **'Yes'**, please supply details below:

Year	Details	Cost
		\$
		\$
		\$
		\$

Have You ever had a Public Liability Claim declined: Yes No

If **'Yes'**, please supply details:

Have You ever had been convicted of a Criminal Offence: (In last 10 Years only) Yes No

If **'Yes'**, please supply details:

Have You, or any business with which You have been involved ever been bankrupt, been in liquidation (voluntary or otherwise), been wound up or had any default judgement entered: Yes No

If **'Yes'**, please supply details:

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 affected.

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.