Carriers Insurance Proposal

All questions are to be answered. If insufficient space, please attach additional information.

General Information				
Proposer's name (include any Subs				-
Address:				
State: Posto		_		
Telephone no: ()				
How many years has the business	been established?	Years		
Description of the goods Transport	ted		_	
How many vehicles do you own/o	perate?			
Specify the geographic area in	which you normally ope	erate and require cover	(e.g. anywhere	in NSW)
Select maximum distance travelle	d from your base of opera	ations		
Up to 300KM	Up to 600KM			
Up to 1000KM	Over 1000KM			

Estimated Total Gross Freight Earnings (GFE) for the next 12 months

	Goods carried in own	Paid to your	When you subcontract
	vehicles	subcontractors	to other carriers
General Cargo	\$	\$	\$
Refrigerated/Perishable	\$	\$	\$
Livestock	\$	\$	\$
Motor Vehicles	\$	\$	\$
Other: Please specify			
	\$	\$	\$
Total	\$	\$	\$

Specify any specific contracts or commodities to be covered under this section (attach additional pages if necessary)

Commodity/ Contract	GFE	% of GFE
1.	\$	%
2.	\$	%
3.	\$	%
4.	\$	%
5.	\$	%

Past Loss History

	Current Year	Previous Year 1	Previous Year 2
Actual Gross Freight	\$	\$	\$
Earnings			
Claims Paid &	\$	\$	\$
Outstanding			
Number of Claims			
Policy Excess if applicable	\$	\$	\$
Name of Insurer			

Legal Liability Cover

Note: Cover under this section is not available where you do not limit your liability through written terms and conditions.

Section 1- Carriers Legal Liability to Cargo Carried Do you require Carrier's Legal Liability to Cargo Carried cover? Yes No If Yes, please complete the following questions Gross Freight Earnings applicable to contracts where you limit your liability: a) Through written terms and conditions b) Through a principle carrier's terms and conditions Sum Insured required for any one vehicle, event or occurrence Do you use a Consignment note/ Conditions of Carriage? Yes No Are your terms and conditions incorporated into every contract and do you ensure they are accepted in writing/ acceptance indicated by signature prior to shipment? If No, please detail reason_ When subcontracting for other carriers, do you accept any liability? Yes No If Yes, please provide details

(Please attach copies of the written terms and conditions under which you limit your liability and/or provide link to these where available from your/the principle carriers website. Remember to include any variations to your standard terms and conditions agreed with particular clients if you require cover under this section)

No

Optional Cover

Indicate below if you would wish to extend cover to include:

Deterioration of temperature controlled, chilled, perishable or refrigerated goods (only for temperature controlled goods)

Yes

No

Shedding of load (goods other than livestock)

Yes

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This declaration concerns all the insurances being applied for.

Have you or any person applying for this insurance:

1. In the last 5 years been convicted of or had any fines or penalties imposed for any crime involving drugs, dishonesty, arson, theft, fraud or violence against any person or property?

Yes No

2. Been placed in bankruptcy, receivership or liquidation within the last 5 years?

Yes No

3. In the last 5 years had any insurer decline any claim or proposal, cancel or refuse to renew a policy, increase premium or impose special terms, conditions or restrictions on a policy?

Yes No

Note: If you have answered yes to any of these questions, please provide full details

I/We acknowledge and declare that:

- 1. I/We have received or have been offered a copy of the policy document;
- 2. I/We have read the information concerning the duty of disclosure and other important notices;
- 3. I/we have been truthful and accurate in completing this form and declaration and have not withheld any information likely to affect the terms of the acceptance of this insurance by the insurer.
- 4. I/We have either completed this form personally or, if it has been on my/our behalf, have checked that the questions have been fully and accurately answered;
- 5. I/We understand that any statement made in this application will be treated as a statement made by all the people to be insured;
- 6. Upon acceptance of this proposal the terms and conditions of this insurance will be in accordance with the policy document;
- 7. That I/We have read and understood the privacy information and consent to the collection, storage, use and disclosure of any personal information;
- 8. An occurrence during the period of insurance, which alters any of the information provided, will be promptly notified;
- 9. If I/We have not complied with the duty of disclosure and duty of utmost faith, a claim made under the policy may not be met or only met in part.

Signed:			
Date:			