

Carriers Insurance Proposal

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

General Information

Proposer's name (include any Subsidiary Companies): _____

Address: _____

State: _____ Postcode: _____

Telephone no: (____) _____

How many years has the business been established? _____ Years

Description of the goods Transported _____

How many vehicles do you own/operate? _____

Specify the geographic area in which you normally operate and require cover (e.g. anywhere in NSW)

Select **maximum** distance travelled from your base of operations

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 vehicles	Paid to your subcontractors	When you subcontract 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.	\$	%

Declaration

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: _____

