



# Driveline Transport Package Proposal

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## New Business Proposal / Questionnaire (Up to 9 units)

IMPORTANT INFORMATION - PLEASE READ BEFORE COMPLETING THIS FORM

### Your Duty of Disclosure

Before You enter into a contract of insurance with Us, You have a duty under the Insurance Contracts Act 1984 to disclose to Us every matter that You know, or could reasonably be expected to know, is relevant to Our decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to Us before You renew, extend, vary or reinstate the contract.

This Duty of Disclosure applies until the contract is entered into (or renewed, extended, varied or reinstated as applicable). We may provide further information on Your duty prior to any renewal, extension, variation or reinstatement.

Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by Us; or
- that is of common knowledge; or
- that We know or, in the ordinary course of Our business as an insurer, ought to know; or
- as to which compliance with Your duty is waived by Us.

### General Insurance Code of Practice

The Insurance Council of Australia has produced the General Insurance Code of Practice with the purpose of raising the standards of practice and service in the general insurance industry. We support the standards set out in the Code. A copy of this Code is available on our website at [www.gtins.com.au](http://www.gtins.com.au) or from the Insurance Council of Australia's website at [www.ica.com.au](http://www.ica.com.au)

### Subrogation

You may prejudice your rights in relation to a claim made under this policy if without prior agreement from us, you make an agreement with a third party that will prevent us from recovering a loss from that or another party.

### Duty of Utmost Good Faith

Every insurance contract is subject to the duty of utmost good faith which requires both the Insured and the Insurer to act towards each other in utmost good faith. Failure to do so on the part of the Insured may prejudice any claim made under the policy or the continuation of insurance cover by the Insurer.

### Change of Risk or Circumstance

It is vital that you provide us with notification of any changes in your risk profile which may be relevant to the terms and conditions of this insurance. This is including but not limited to changes in business activities and acquisitions which occur after the date of the Declaration.

### Privacy Notice

The personal and sensitive information collected in this form, and other information you or third parties provide in connection with this insurance, will be used to provide and offer our products and services, including the processing and settlement of claims, compiling and analysing data, and resolving disputes. If you do not provide this information to us we may not be able to provide these products and services.

We may have to disclose your personal and other information to third parties who assist us in providing our products and services, including other insurers, intermediaries, health service providers, investigators, assessors and loss adjusters, external insurance data collectors, our advisors and service providers, related companies, dispute resolution, statutory or regulatory bodies, or as required by law.

You have the right to seek access to your personal information and to correct it at any time. For information about how you may access and request correction of personal information we hold about you, or complain about a breach of the Australian Privacy Principles, please see our privacy policy available at [www.gtins.com.au](http://www.gtins.com.au) or contact us on (02) 9966 8820 EST 9am-5pm, Monday-Friday.

### The Insurer

Allianz Australia Insurance Limited (incorporated in Australia); ABN 15 000 122 850; AFS Licence No. 234708 of 2 Market Street Sydney, 2000.

### The Underwriting Agency

Global Transport & Automotive Insurance Solutions Pty Ltd (GT Insurance); ABN 93 069 048 255; AFSL No. 240714, of Level 6, 55 Chandos Street, St Leonards, 1590, is an underwriting agency which specialises in arranging insurance in respect of motor vehicles. GT Insurance acts as an agent of the Insurer to market, solicit, offer, arrange and administer the insurance and has a binding authority to deal with or settle claims on their behalf.

### Completing this Form/Questionnaire:



1. Please complete all sections in full and provide any requested attachments.
2. This form may be completed electronically or it can be printed and completed in hand writing.
2. If more space is required when completing this form, please attach a separate sheet.
3. The use of the term "You" or "Your" in this form refers to an Insured and their subsidiary companies and other entities in which they have a controlling interest.
4. The use of the term "We", "Us" or "Our" in this form refers to the Insurer and its Underwriting Agency.
5. It is important to refer to the relevant Product Disclosure Statement and Policy Wording which sets out the terms and conditions of cover offered.  
Please contact your local GT Insurance office or speak to your Intermediary.

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## Section 1. Your Contact Details

Business Name/s & Trading Name/s

Previous Business Name/s & Trading Name/s (if applicable)

Main Trading Company ABN

*Australian Business Number (11 digits)*

Website

Main Business/Depot Address

Suburb Post Code

State or Territory NSW ACT QLD VIC SA WA TAS NT

Do you operate from any other depots/locations? Yes No If Yes, please provide the following:

Other Address

Suburb Post Code

State or Territory NSW ACT QLD VIC SA WA TAS NT

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## Section 2. Your Business Details

Description of Your business / occupation

How long has the business been in operation?

*Specify number of Years or select for New Venture*

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## Section 3. Your Insurance Details

Please provide the following:

a. Your Broker / Intermediary details

Current Insurer (if any) Commercial Motor Vehicle:

Business Interruption (Downtime):

Public & Products Liability:

Carriers Transit:

Period of Insurance Effective Date from: to Expiry Date: at 4:00pm

b. Have You or any persons applying for this insurance:

Had any insurer decline any claim or proposal, cancel or refuse to renew a policy or impose special terms, conditions or restrictions on a policy? Yes No

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 in the last 10 years? Yes No

Been placed in bankruptcy, receivership or liquidation in the last 10 years? Yes No

If Yes, to any of 3.b. above, please provide details:

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#### Section 4. Loss History

Please provide written details of any claims or uninsured losses (last 5 years) for all policy types referred to in Section 3.a. above. (Written confirmation from Insurers is required)  
(Note: If insufficient space please attach details).

| Class of Insurance | Date of Loss | Details of Claim | Total Cost (\$) | Excess (\$) |
|--------------------|--------------|------------------|-----------------|-------------|
| Class of Insurance | Date of Loss | Details of Claim | Total Cost (\$) | Excess (\$) |
| Class of Insurance | Date of Loss | Details of Claim | Total Cost (\$) | Excess (\$) |
| Class of Insurance | Date of Loss | Details of Claim | Total Cost (\$) | Excess (\$) |
| Class of Insurance | Date of Loss | Details of Claim | Total Cost (\$) | Excess (\$) |
| Class of Insurance | Date of Loss | Details of Claim | Total Cost (\$) | Excess (\$) |
| Class of Insurance | Date of Loss | Details of Claim | Total Cost (\$) | Excess (\$) |
| Class of Insurance | Date of Loss | Details of Claim | Total Cost (\$) | Excess (\$) |
| Class of Insurance | Date of Loss | Details of Claim | Total Cost (\$) | Excess (\$) |

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#### Section 5. Commercial Motor Vehicle **Cover - Comprehensive (COMP) or Third Party Damage Only (TPO)**

The Sum Insured must represent the current market value and must represent the value including accessories. Written evidence of claims experience for the last 5 years may be requested. This section of the Driveline Transport Package policy is mandatory.

a. Vehicle Details

**ITEM 1.**

|                    |                     |                  |                           |
|--------------------|---------------------|------------------|---------------------------|
| Year               | Make & Model        | Body Type        |                           |
| Registration No.   | NCB                 | Radius           |                           |
| Main Driver's Name | Date of Birth       | Licence Class    | No. of years Licence Held |
| Sum Insured (\$)   | Purchase Price (\$) | Interested Party |                           |

Are there any additional accessories or modifications to the above vehicle? Yes No

If Yes, please provide details:

**ITEM 2.**

|   |                     |                  |                           |
|---|---------------------|------------------|---------------------------|
| Year  | Make & Model        | Body Type        |                           |
| Registration No.  | NCB                 | Radius           |                           |
| Main Driver's Name  | Date of Birth       | Licence Class    | No. of years Licence Held |
| Sum Insured (\$)  | Purchase Price (\$) | Interested Party |                           |
| Are there any additional accessories or modifications to the above vehicle? | Yes                 | No               |                           |
| If Yes, please provide details:   |                     |                  |                           |

**ITEM 3.**

|   |                     |                  |                           |
|---|---------------------|------------------|---------------------------|
| Year  | Make & Model        | Body Type        |                           |
| Registration No.  | NCB                 | Radius           |                           |
| Main Driver's Name  | Date of Birth       | Licence Class    | No. of years Licence Held |
| Sum Insured (\$)  | Purchase Price (\$) | Interested Party |                           |
| Are there any additional accessories or modifications to the above vehicle? | Yes                 | No               |                           |
| If Yes, please provide details:   |                     |                  |                           |

**ITEM 4.**

|   |                     |                  |                           |
|---|---------------------|------------------|---------------------------|
| Year  | Make & Model        | Body Type        |                           |
| Registration No.  | NCB                 | Radius           |                           |
| Main Driver's Name  | Date of Birth       | Licence Class    | No. of years Licence Held |
| Sum Insured (\$)  | Purchase Price (\$) | Interested Party |                           |
| Are there any additional accessories or modifications to the above vehicle? | Yes                 | No               |                           |
| If Yes, please provide details:   |                     |                  |                           |

**ITEM 5.**

|   |                     |                  |                           |
|---|---------------------|------------------|---------------------------|
| Year  | Make & Model        | Body Type        |                           |
| Registration No.  | NCB                 | Radius           |                           |
| Main Driver's Name  | Date of Birth       | Licence Class    | No. of years Licence Held |
| Sum Insured (\$)  | Purchase Price (\$) | Interested Party |                           |
| Are there any additional accessories or modifications to the above vehicle? | Yes                 | No               |                           |
| If Yes, please provide details:   |                     |                  |                           |

**ITEM 6.**

|   |                     |                  |                           |
|---|---------------------|------------------|---------------------------|
| Year  | Make & Model        | Body Type        |                           |
| Registration No.  | NCB                 | Radius           |                           |
| Main Driver's Name  | Date of Birth       | Licence Class    | No. of years Licence Held |
| Sum Insured (\$)  | Purchase Price (\$) | Interested Party |                           |
| Are there any additional accessories or modifications to the above vehicle? | Yes                 | No               |                           |
| If Yes, please provide details:   |                     |                  |                           |

**ITEM 7.**

|   |                     |                  |                           |
|---|---------------------|------------------|---------------------------|
| Year  | Make & Model        | Body Type        |                           |
| Registration No.  | NCB                 | Radius           |                           |
| Main Driver's Name  | Date of Birth       | Licence Class    | No. of years Licence Held |
| Sum Insured (\$)  | Purchase Price (\$) | Interested Party |                           |
| Are there any additional accessories or modifications to the above vehicle? | Yes                 | No               |                           |
| If Yes, please provide details:   |                     |                  |                           |

**ITEM 8.**

|   |                     |                  |                           |
|---|---------------------|------------------|---------------------------|
| Year  | Make & Model        | Body Type        |                           |
| Registration No.  | NCB                 | Radius           |                           |
| Main Driver's Name  | Date of Birth       | Licence Class    | No. of years Licence Held |
| Sum Insured (\$)  | Purchase Price (\$) | Interested Party |                           |
| Are there any additional accessories or modifications to the above vehicle? | Yes                 | No               |                           |
| If Yes, please provide details:   |                     |                  |                           |

**ITEM 9.**

|   |                     |                  |                           |
|---|---------------------|------------------|---------------------------|
| Year  | Make & Model        | Body Type        |                           |
| Registration No.  | NCB                 | Radius           |                           |
| Main Driver's Name  | Date of Birth       | Licence Class    | No. of years Licence Held |
| Sum Insured (\$)  | Purchase Price (\$) | Interested Party |                           |
| Are there any additional accessories or modifications to the above vehicle? | Yes                 | No               |                           |
| If Yes, please provide details:   |                     |                  |                           |

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b. Vehicle Information

|   | Yes | No |
|---|-----|----|
| Are any of the vehicles fitted with anti-theft devices?   |     |    |
| Are any of your vehicles operated for more than 14 hours per day?   |     |    |
| Do you hire out any of your vehicles?   |     |    |
| Do you carry any dangerous/hazardous goods?   |     |    |
| Is any vehicle a rental, courtesy vehicle, or used in the vicinity of aircraft or within the confines of an airport or used on water or rail or for fast food delivery, courier purposes or outfitted as a Mobile Home or Office? |     |    |
| Is any vehicle used for food preparation or sale (e.g. mobile food van), promotional purposes (e.g. broadcast van) or used in a mining or quarry site above or below ground or used in the film industry (e.g. make-up van)       |     |    |

If you have answered Yes to any of Section 5.b. above, please provide full details:

c. Have You or any intended driver ever:

|   | Yes | No |
|---|-----|----|
| Been fined or convicted of more than 3 speeding or other traffic offence (other than parking) within the last 3 years?  |     |    |
| Had a driving licence endorsed, suspended or cancelled within the last 5 years?   |     |    |
| Been convicted with Prescribed Concentration of Alcohol (PCA) or Driving Under the Influence (DUI) in the last 2 years? |     |    |
| Suffered from any physical or mental condition which could affect their driving performance?                            |     |    |

If You have answered Yes to any of Section 5.c. above, please provide full details:

d. Goods Carried

Are You a carrier / transport company? Yes No

If Yes, please provide details of all goods carried:

**Section 6. Business Interruption (Downtime)**

Cover - Loss of Income. Available on Prime Movers, Rigid Trucks, Trailers, Buses and Coaches only.

Cover Required? Yes No If Yes, proceed to Section 6.a. If No, proceed to Section 7.

a. Please select items to be covered

**Registration No.** **Indemnity Period** **Monthly Indemnity**  
1-4 (maximum) Number of Months Monthly Benefit Max \$20,000 per Vehicle

- ITEM 1.
- ITEM 2.
- ITEM 3.
- ITEM 4.
- ITEM 5.
- ITEM 6.
- ITEM 7.
- ITEM 8.
- ITEM 9.

**Section 7. Public and Products Liability**

Cover - Available for Road Freight Transport Operators (Excluding Bulk Dangerous Goods)

Cover Required? Yes No If Yes, proceed to Section 7.a. If No, proceed to Section 8.

a. Select Limit of Indemnity \$5,000,000 \$10,000,000 \$20,000,000  
Property in Physical or Legal Control \$25,000 \$50,000 (standard) \$75,000 \$100,000

Underwriting Information:

b. Estimated Turnover for the next 12 months (\$)

c. Please confirm the following:

|   | Yes | No |
|---|-----|----|
| Do you manufacture, sell or promote any products?                                 |     |    |
| Are there any activities performed other than transporting of customers' goods?   |     |    |
| Do you assume any liability or waive your rights under any contract or agreement? |     |    |

d. Do you carry any of the following:

|  | Yes | No |
|--|-----|----|
| Bloodstock or stud or prize or exotic animals        |     |    |
| Goods subject to the Australian Dangerous Goods Code |     |    |
| Toxic Waste  |     |    |
| Boats, cars or other motor vehicles                  |     |    |
| Chemicals  |     |    |
| Cement, concrete, tar or bitumen                     |     |    |
| Ethical pharmaceuticals                              |     |    |
| Bulk fertiliser                                      |     |    |
| Bulk animal feed                                     |     |    |
| Waste and/or garbage                                 |     |    |

e. Are any of your vehicles operating as:

|  | Yes | No |
|--|-----|----|
| Tow Trucks   |     |    |
| Furniture Removalists  |     |    |
| Skip bin delivery, collection or hire                                    |     |    |
| Concrete pumping   |     |    |
| Road Freight operator  |     |    |
| Bus & Coach operator - Less than 25% general charter work                |     |    |
| Bus & Coach operator - 25% or more general charter work or tour operator |     |    |

If You have answered Yes to any of Section 7.c.,d. or e. above, please provide full details:

|    |  |     |    |  |     |    |
|----|--|-----|----|--|-----|----|
| f. | Number of locations / depots                                     |     |    | Is there fuel storage or petrol bowser on premises?                  | Yes | No |
| g. | Is indemnity cover required for Contract drivers?                | Yes | No | Value of payments to Contract drivers per annum (\$)                 |     |    |
|    | Is cover for injury to Contract drivers required?                | Yes | No | Number of Contract drivers   |     |    |
| h. | Have you lodged any claims in the last 5 years for this product? | Yes | No | If Yes, please ensure you provide details in Section 4. Loss History |     |    |

## Section 8. Carriers Transit

### Cover - Available for Road Freight Transport Operators (Carrying non owned freight only).

Cover Required? Yes No If Yes, proceed to Section 8.a. If No, proceed to Section 9.

Underwriting Information:

|    |  |           |             |               |              |
|----|--|-----------|-------------|---------------|--------------|
| a. | Radius   | 0 - 200km | 200 - 600km | 600 - 1,000km | Over 1,000km |
|    | Estimated Gross Freight Earnings for next 12 months (\$)                   |           |             |               |              |
|    | Advise estimate of payments to sub-contractors for the next 12 months (\$) |           |             |               |              |

b. Do you issue a consignment note for goods carried? Yes No If Yes, please ensure a copy of the consignment note is attached and proceed to Section 8.c.(i). If No, proceed to Section 8.c.(ii).

|    |   |  |
|----|---|--|
| c. | (i) Coverage Options if answered 'Yes' to Section 8.b.<br>PART A - Legal Liability Only OR<br>PART A & B - Legal Liability & Accidental Damage OR<br>PART A & C - Legal Liability & Specified Perils OR | (ii) Coverage Options if answered 'No' to Section 8.b.<br>PART B - Accidental Damage only OR<br>PART C - Specified Perils only |
|----|---|--|



Please complete **PART A**, **PART B** and/or **PART C** based on your coverage Options selected in Section 8.c. above.

**PART A - LEGAL LIABILITY**

Sum Insured (\$)

| Please indicate if you carry any of the following: |                            | % | Description of goods |
|--|----------------------------|---|----------------------|
| General Cargo                                      | Yes. Please provide:<br>No |   |                      |
| Livestock  | Yes. Please provide:<br>No |   |                      |
| Refrigerated Cargo                                 | Yes. Please provide:<br>No |   |                      |
| Motor Vehicles / Plant                             | Yes. Please provide:<br>No |   |                      |

**PART B - ACCIDENTAL DAMAGE**

Sum Insured (\$)

| Please indicate if you carry any of the following: |                            | % | Description of goods |
|--|----------------------------|---|----------------------|
| General Cargo                                      | Yes. Please provide:<br>No |   |                      |
| Livestock  | Yes. Please provide:<br>No |   |                      |
| Refrigerated Cargo                                 | Yes. Please provide:<br>No |   |                      |
| Motor Vehicles / Plant                             | Yes. Please provide:<br>No |   |                      |

**PART C - SPECIFIED PERILS**

Sum Insured (\$)

| Please indicate if you carry any of the following: |                            | % | Description of goods |
|--|----------------------------|---|----------------------|
| General Cargo                                      | Yes. Please provide:<br>No |   |                      |
| Livestock  | Yes. Please provide:<br>No |   |                      |
| Refrigerated Cargo                                 | Yes. Please provide:<br>No |   |                      |
| Motor Vehicles / Plant                             | Yes. Please provide:<br>No |   |                      |

d. Do you carry any of the following?

Property owned by you, live plants or trees, commercial bulk consignments of dangerous goods, radioactive goods, explosives or explosive goods, precious metals, precious stones, jewelry, money (which means any banknote or coin), household or personal effects (removalist), bloodstock or stud or prize or exotic animals, alcohol, cigarettes, tobacco or tobacco products, computers or computer equipment, oversized loads, prestige vehicles (e.g, Mercedes Benz, BMW, Porsche).

Yes No

If "Yes" please provide the following details % Description of goods

e. Have you lodged any claims in the last 5 years for this product?

Yes No

If "Yes", please ensure you provide details in Section 4. Loss History

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## Section 9. Declaration

This declaration applies to all the insurances being applied for. I acknowledge and declare that:

1. I have received a copy of the Product Disclosure Statement and Policy Document (PDS);
2. I have read and understood my Duty of Disclosure, the PDS and other Important Notices;
3. I have been truthful and accurate in completing this form and declaration and have not withheld any information likely to affect the terms or the acceptance of this insurance by the Insurer;
4. I have completed this form personally or, if it has been completed on my behalf, have checked that the questions have been fully and accurately answered;
5. If there is more than one Insured and all have not signed this application, I acknowledge that I am authorised to sign for and on behalf of the other Insured(s).
6. Upon acceptance of this Proposal, the terms and conditions of this insurance will be in accordance with this Proposal /Questionnaire, the Product Disclosure Statement, the Schedule and any other document we tell you forms part of your Policy;
7. I have read and understood the Privacy Information set out in the PDS and consent to the collection, storage, use and disclosure of any personal information;
8. If an event occurs during the Period of Insurance which alters any of the information provided in the Proposal, I will promptly notify details of the event to the Insurer;
9. If I have not complied with the Duty of Disclosure and/or Duty of Utmost Good Faith, a claim made under the Policy may not be met or only met in part.

.....  
I agree?  Yes

Completed by name

Date of declaration *(dd/mm/yyyy)*  
.....

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**Global Transport & Automotive Insurance Solutions Pty Ltd trading as GT Insurance**  
ABN 93 069 048 255; AFSL No. 240714

Head Office: Level 6, 55 Chandos Street, St Leonards NSW 1590 Australia  
PO Box 507 St Leonards, NSW 1590 Australia

|               |                  |               |                  |                 |                   |               |              |                 |                 |                     |
|---------------|------------------|---------------|------------------|-----------------|-------------------|---------------|--------------|-----------------|-----------------|---------------------|
| <b>Sydney</b> | <b>Newcastle</b> | <b>Albury</b> | <b>Melbourne</b> | <b>Brisbane</b> | <b>Townsville</b> | <b>Darwin</b> | <b>Perth</b> | <b>Adelaide</b> | <b>Auckland</b> | <b>Christchurch</b> |
| 02 9966 8820  | 02 4920 8698     | 02 6023 5308  | 03 8623 2666     | 07 3210 0666    | 07 4779 5178      | 08 8981 7510  | 08 9324 1963 | 08 8232 7645    | 09 377 4143     | 03 421 8930         |

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