

MOTOR 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 |

Dangerous Goods

Dangerous Goods limits required?

- | | | | |
|-------------|-------------|--------------|--------------|
| \$1 Million | \$5 Million | \$10 Million | \$15 Million |
|-------------|-------------|--------------|--------------|

Dangerous Goods Carried by %

Dangerous Goods Classes	% of D.G Goods Hauled
Class 1 Explosives	%
Class 2.1 Flammable Gases	%
Class 2.2 Non Flammable, Non Toxic Gases	%
Class 2.3 Toxic Gases	%
Class 3 Flammable Liquids	%
Class 4.1 Flammable Solids	%
Class 4.2 Spontaneously Combustible Substances	%
Class 4.3 Dangerous When Wet	%
Class 5.1 Oxidising Substances	%
Class 5.2 Organic Peroxides	%
Class 6.1 Toxic Substances	%
Class 8 Corrosives	%

List of Vehicles to be insured- Or attach schedule

Complete only if different from vehicle schedule				
Make	Model	Type (Prime mover, rigid, Trailer, etc.)	Registration	\$ Value

Non-Owned Trailers in your control

Complete only if different from vehicle schedule			
Non Owned Trailer Type	Owner	Radius in KM	Sum Insured \$ Value

Non-owned plant or equipment attached to Your vehicle

Complete only if different from vehicle schedule			
Vehicle/Equipment	Owner	Application	\$ Value

Driver Details

Do you employ drivers under age 25 with less than 2 years' experience with the below licence types		
Licence type	Yes/No	Comment on years' experience
Heavy Rigid (HR)	Yes No	
Medium Rigid (MR)	Yes No	
Light Rigid (LR)	Yes No	
Heavy Combination (HC)	Yes No	
Multi Combination (MC)	Yes No	
Driver Declaration link		

Claims History

Last 5 Years claims Details

Years	No. of Claims	Claim Description	Total Claims Cost
Current year 1			
Year 2			
Year 3			
Year 4			
Year 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: _____