



Insurance HQ

Please send this form back to
info@inshq.com.au
1300 815 344
PO Box 510, Ormeau, QLD, 4208

Name _____
Company _____
Address _____
Email _____
Phone _____
Date of Birth _____
License Number _____

What class of license(s) do you hold?

| Class | Date obtained license? | State of Issue |
|-------|------------------------|----------------|
| | | |

How many years of experience do you have with the above class license?

Have you during the past five (5) years, you had any claims made by you or against you where you were at fault? (Including accidental, storm, fire & theft) **YES NO**

If yes please specify:

| Date of Incident | Settlement | Details |
|------------------|------------|---------|
| | | |

Have you during the past five (5) years been charged and/or convicted with any criminal offences of any kind whatsoever? **YES NO**

If yes please specify:

| Date of Charge | Offence(s) | Details |
|----------------|------------|---------|
| | | |

Have you during the past 5 years been reported, charged and/or convicted of driving under the influence of alcohol or drugs or had your license suspended or cancelled? **YES NO**

If yes please specify:

| Date of Charge | Offence(s) | Details |
|-----------------------|-------------------|----------------|
| | | |

Aside from the above, is there any further information that you may need to tell us that may affect your outcome in the event of a claim? (Include medical conditions i.e. Hearing loss/eye sight impairment, medical conditions that affect your ability to drive or any undisclosed information).

I/We declare that the statements and particulars contained in the declaration are true and complete and that I/We have not misstated or suppressed any material facts.

I/We agree that this declaration together with any other information supplied by me/Us shall form the basis of any contract of insurance effected thereon.

I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the declaration form and throughout any period of insurance (and any extension thereto), upon which this declaration form was used as the basis of the contract of insurance.

Failure to truthfully answer the above questions may result in your policy being cancelled and any claims being declined.

If insufficient space is available on this declaration with respect to any questions contained, then please attach a sheet of paper containing the additional information, noting the relevant heading, ensuring to sign and date such attachment/s.

| | |
|---------------------------------------|--------------|
| Proposed Insured Name: | |
| Signature of Proposed Insured: | Date: |