PROPOSAL FORM

Owner Driver – Heavy Motor Vehicle Insurance



Important Notices

Please read these Important Notices before completing the Proposal.

Your Duty of Disclosure before you enter into your policy

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984.

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

You have this duty until we agree to insure you.

Your duty of disclosure before renewal

Before you renew this contract of insurance, you have a duty of disclosure under the Insurance Contracts Act 1984.

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

Also, we may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must tell us about any change or tell us that there is no change.

If you do not tell us about a change to something you have previously told us, you will be taken to have told us that there is no change.

You have this duty until we agree to renew the contract.

If you do not tell us something (before you enter into your policy and before renewal)

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Persons Covered

The policy will only cover the interests of those persons and entities specifically named in this Proposal and accepted by us. It will not cover the interests of any other persons or entities.

No Cover if Rights "Signed Away"

This policy does not cover loss, destruction, damage or legal liability in respect of which any right which you may otherwise have had against any person is excluded or limited by reason of any agreement you may enter into

Privacy

Pen Underwriting handles your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about you to provide you with insurance and insurance related services. We may disclose your personal information to third parties for the purposes described in our Privacy Policy, including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United Kingdom and India. By asking us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure (including overseas disclosure) of your personal information for the purposes described in our Privacy Policy. Where you provide personal information about others, you represent to us that you have made them aware of that disclosure and of our Privacy Policy and that you have obtained their consent. If you do not consent to provide us with the personal information that we request, or withdraw your consent to the use and disclosure of your personal information at any stage, we may not be able to offer you the products or provide the services that you seek. For information about how to access and or correct the personal information we hold about you or if you have any concerns or complaints, ask us for a copy of our Privacy Policy or visit www.penunderwriting.com.au.

Complaints Handling

If you are dissatisfied with a decision Pen Underwriting makes, our service, the service of others we appoint to discuss insurance matters with you, or a claim settlement, we have an internal dispute resolution process to assist you. For further information, ask for a copy of our Complaints and Disputes Resolution Policy or visit www.penunderwriting.com.au.

General Insurance Code of Practice

Pen Underwriting and Underwriters at Lloyd's proudly support the General Insurance Code of Practice. The Code commits general insurers to uphold high standards of service and practice. A copy of the Code can be obtained from us upon request or from www.codeofpractice.com.au.

Further Information

Your insurance broker can assist you to complete this Proposal. If you have any questions or need further information concerning your insurance, you should contact your insurance broker to assist you with your enquiry. You should direct all of your correspondence to Pen Underwriting through your insurance broker as he is your agent for this insurance.



IMPORTANT NOTICE

- Please answer all questions in full. Where appropriate, tick the 'Yes' or 'No' box that best indicates your reply.
- If there is insufficient space provided, please provide further information on your letterhead.
- All attached documents form part of this Proposal.

1.	Prop	ose	r(s)	
	Nam	ne:		
	Post	tal Ac	ldress: Postcode:	
	Pho	ne:	Fax:	
1.	Age	nt / E	Broker	
	Nam	ne:		
	Post	tal Ac	ddress: Postcode:	
2.	Peri	od o	f Insurance From:	n
3.	Deta	ails o	f Truck and / or Trailer Vehicle(s)	
			reater than two units, the Heavy Motor Additional Units form is required. This is available at underwriting.com.au	
	(i)	Tru	ck	
		(a)	Type (Eg. Prime Mover, Rigid Tipper, Rigid Tray Top, Rigid Tautliner):	
		(b)	Sum Insured: \$	
		(c)	GVM:	
		(d)	Manufactured Month and Year:	
		(e)	Make:	
		(f)	Model:	
		(g)	Truck Registration Number:	
		(h)	Are any items of Plant Attached (eg. crane):	
			If Yes, please provide details:	
		(i)	Is there a Finance Company involved?	
			If Yes, please advise:	
			Name:	
			Address:	
	(ii)	Trai	ler	
		(a)	Type (Eg. Flat Top, Dry Tautliner, Refrigeration Tautliner, Dry Pantec, Refrigeration Pantec, Livestock, Tanker, Tipp Convertible):	
		(b)	Sum Insured: \$	
		(6)	Please ensure that the value of any standard accessories is included in this Sum Insured (eg. gates, tarps, dogs an	
			chains, binders, angles, ropes, plant) as these items are automatically included as part of the Total Sum Insured until the policy. Any non standard accessories should be separately specified in the policy schedule.	
		(c)	Year:	
		(d)	Make / Model:	· · · · · · · · · · · · · · · · · · ·
		(e)	Registration / Serial Number:	



		(f)	Are any items of Plant	Attached (eg.	crane)				☐ Yes	or	☐ No.
			If Yes, please provide	details:							
		(g)	Is Trailer in Control Lia						☐ Yes		
			Is Trailer in Control Ac	cidental Dama	age cover requi	ired?			☐ Yes	or	☐ No
			If Yes to either,								
			What Sum is required:	\$							
			What type of units atta	ched:							
4.	Deta	ails o	f Operations								
	(i)										
	(ii)		any Dangerous / Hazar						☐ Yes		
		If Y€	es, please advise details	s:							
	(iii)		ou require Legal Liabiliess of \$250,000?	ty cover for ca	rriage of Dang	erous / Hazard	ous goods in		☐ Yes	or	☐ No
		If Ye	es, what limit is required	?							
	(iv)	Do y	ou cart livestock or refr	igerated good	s at any time?				☐ Yes	or	□No
		If Ye	s, please advise?								
	(v)	Ope	rating Radius required f	or this insurar	ıce:						
	(vi)	Doy	ou operate in Road Tra	in configuration	n?				☐ Yes	or	☐ No
	(vii)	Wha	at is the normal work rur	in kilometres	s)?					kil	ometres
	(viii)	How	many kilometres are ne	ormally travelle	ed in a fortnigh	t?				kil	ometres
5.	Deta	ails o	f the Owner / Driver								
	(i)	Date	of Birth:								
	(ii)	Тур	e of Licence held:	□С	□LR	□MR	□HR	☐ HC	□мс)	
	(iii)	i) Years of current experience in driving the class of vehicle concerned:									
	(iv)	If an Owner / Driver, how long have you been an Owner / Driver?									
	(v)	Please indicate either Yes or No to the following, in regards to you or any other person intending to								e ve	hicles
		(a)	Had a claim, accident	or damage to	a vehicle in the	e past five year	s?		☐ Yes	or	☐ No
		(b)	A Driver's licence susp	ended, cance	lled or endorse	ed?			☐ Yes	or	☐ No
		(c)	Had any traffic or spee	eding offences	in the past thre	ee years?			☐ Yes	or	☐ No
		(d)	Any medical condition	that could hin	der your driving	g capabilities?			☐ Yes	or	☐ No
		(e)	Had any insurances re	fused, decline	d, cancelled o	r special terms	imposed?		☐ Yes	or	□No
		(f)	Been convicted of or c	harged with:							
			- Fraud, arson, theft	or any other o	riminal act?				☐ Yes	or	☐ No
			- Drug use, driving u	nder the influe	ence or exceed	ling the Prescri	bed Concentra	ation of Alcoho	ol? 🗌 Yes	or	☐ No
		(g)	Been declared bankru	pt or filed for b	ankruptcy?				☐ Yes	or	□No



Pre	Previous Insurance Details and History (all direct business partners, directors and shareholders) for the last 5 years:											
(i)	Has any insurance	ever been cancelled for no	n-payment of premium?			☐ Yes or ☐ No						
(ii)	Has any company of	cancelled or refused to ren	ew or accept any insuranc	e policy?		☐ Yes or ☐ No						
If Y	If Yes, give Company Name, Date and Reason:											
 (iii)	Give details of clair	ehicles or driv	ers (include losses withi									
	Year	Insurer	Claim Excess	No. of Units	No. of Claims	Total Claims						
			\$			\$						
			\$			\$						
			\$			\$						
(iv)	Have you had any i	ncident which led or is like	ly to lead to a claim agains	st you for Pub	lic Liability?	☐ Yes or ☐ No						
	If Yes, please provi	de details:										
(v)	Have you had any incident which led or is likely to lead to a claim resulting from the death of a driver? ☐ Yes or ☐ No If Yes, please provide details:											
(vi)	vi) In regards to your Duty of Disclosure for Motor, Public Liability or Personal Accident insurance, do you have anything to disclose to Us?											
	If Yes, please provide details:											
clarat	i on: lare that:											
		ach of the Applicant(s) to si	gn this Proposal									
	<u>-</u>	oposal are true and comple	•	ation has beer	n withheld							
	We have read and understood the PDS and Policy and the Important Notices accompanying this Proposal											
	/e have diligently made all necessary enquiries in order to comply with the duty of disclosure											
	/e have read the Pen Underwriting Privacy Statement on this Proposal and consent to the use, disclosure and obtaining of resonal information about the insured for the purposes shown in the Privacy Statement											
Whe	ere I/We have provided information about another individual, that individual has been made aware of that fact and of the Penderwriting Privacy Statement											
		cknowledge that Pen Underwriting relies on the information and representations in this Proposal and otherwise made by me ny behalf in relation to this insurance										
	ept where indicated to e by all persons to be	o the contrary, I/We unders e insured	stand that any statement	made in this I	Proposal will b	e treated as a stateme						
of th	e proposed insurance											
1 / 4 /	understand that no	insurance is in place unti	I such time as Pen Unde	erwriting has	confirmed acc	eptance of the propose						
	rance											
insuı				Date	•							