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Commercial Transport Insurance Combined

New Business Proposal/Questionnaire (Up to 9 Units)

IMPORTANT INFORMATION – PLEASE READ

Your Duty of Disclosure

Before entering into a contract of insurance, the *Insurance Contracts Act 1984* places a duty on the Insured to disclose every matter they know or could be reasonably expected to know to enable the Insurer to decide whether and on what terms to accept the risk of the insurance.

This Proposal/Questionnaire contains a number of questions all of which must be answered. When you answer these questions, you must give us honest and complete answers.

You do not however need to tell us about any matter:

- that diminishes our risk;
- that is of common knowledge;
- that we know or reasonably ought to know; or
- that we tell you we do not need to know.

If an Insured fails to comply with their duty of disclosure, the Insurer may be entitled to reduce the amount it will pay if you make a claim or it may cancel this insurance. If the non-disclosure is fraudulent, the Insurer may also have the option of avoiding this insurance from its inception.

An Insured has the same duty to disclose relevant matters before renewing or altering the terms of this insurance.

Privacy

In the course of providing insurance and processing insurance claims, we may collect personal information about persons that we insure and persons associated with insured persons. Any such personal information will only be used and disclosed in accordance with the provisions of the *Privacy Act 1988*.

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.

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.

A copy of this Code is available by contacting us or from the Insurance Council of Australia's website at: **www.ica.com.au**

Change of Risk or Circumstance

It is vital that you provide us with notification of any changes in your risk profile or other circumstances occurring during the period of insurance which may be relevant to the terms and conditions of this insurance including but not limited to changes in business activities and acquisitions.

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.

Please indicate Policies required:

Commercial Motor Vehicle ☐ **Downtime** ☐

Available for Road Freight Transport Operators only: **Public & Products Liability** ☐ **Carriers Transit** ☐ **Business Pack** ☐

Applicant Details

Intermediary					
	Motor Vehicle	Downtime	Liability	Carriers Transit	Business Pack
Current Insurer					
Policy Number(s) (Renewals Only)					
					ABN
The Proposer (Carrier)					
Interested Party(s)					

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

General Information

Description of Business

Location of Principal Depot
(Head office)

Postcode

Number of years in business

Have you or any persons applying for this insurance:

In the last 10 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** ☐

Been placed in bankruptcy, receivership or liquidation within the last ten years? **Yes** ☐ **No** ☐

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.

Loss History

Please provide written details of any claims or uninsured losses (last 5 years) for all policies selected.

Written confirmation from Insurers is required.

Note: If insufficient space please attach details.

Class	Date of Loss	Details of Claim	Amount Paid / OS	Excess
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$

Commercial Motor Vehicle

Cover – Comprehensive (COMP) or Third Party Property Damage Only (TPO)

SUM INSURED must be at least 85% of its current market value as the policy is subject to the co insurance clause. The Sum Insured must represent the value including accessories. Written evidence of claims experience must be supplied (last 5 years).

Vehicle Details

Item	Year	Make & Model	Reg. No.	Goods Carried	Sum Insured
					$
					$
					$
					$
					$
					$
					$
					$
					$

NCB	Radius	Main Driver	Licence Class	Years Licence Held	Date of Birth	Purchase Price	Date Purchased
						$	
						$	
						$	
						$	
						$	
						$	
						$	
						$	
						$	

Please provide details of any additional accessories or modifications to the above vehicles

Item	Accessories and Modifications

Have you or your intended driver ever:

Been fined or convicted of a speeding or other traffic offence within the last 5 years? **Yes** ☐ **No** ☐

Had a driver's licence endorsed, suspended or cancelled? **Yes** ☐ **No** ☐

Been convicted with Prescribed Concentration of Alcohol (PCA), Driving Under the Influence (DUI)? **Yes** ☐ **No** ☐

Had any accidents, fires or lodged a claim in connection with a motor vehicle within the last 5 years? **Yes** ☐ **No** ☐

Suffered from any physical or mental condition which could affect their driving performance? **Yes** ☐ **No** ☐

Note: If you have answered Yes to any of these questions, please provide full details.

Downtime

Cover – Loss of Income or Cost of Hiring Replacement Vehicle

Please select items to be covered.

Item No.	Reg. No.	Indemnity Period (No. of days/months) (Maximum 4 months)	Monthly Indemnity (Monthly Benefit maximum $20,000 per Vehicle)

Public and Products Liability

Cover – Available for Road Freight Transport Operators, including incidental storage/warehouse business activities (excluding Bulk Dangerous Goods)

A separate Global Transport Public & Products proposal form is required for consideration in all other circumstances.

Limit of Indemnity	$
Property in Physical or Legal Control (See Policy Exclusion 21 for details)	$ **100,000**

Underwriting Information

Estimated Gross Freight Earnings (GFE) next 12 months	$
Any other income	$
If you use subcontractors, advise estimate of payments to subcontractors for next 12 months	$
Total	$

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

If you have answered Yes to any of these questions, please provide full details.

Carriers Transit

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

Section 1: Accidental Damage

– Carriers who have assumed responsibility irrespective of any Contract or Legal Liability

	Sums Insured
Loss or damage to Goods and/or Livestock	$
Legal Defence costs	$

OR

Section 2: Specified Perils

– Carriers who have assumed responsibility irrespective of any Contract or Legal Liability

	Sums Insured
Loss or damage to Goods and/or Livestock	$
Legal Defence costs	$

Optional Benefit: Trailer in Control (TIC)

Is this optional benefit required? **Yes** ☐ **No** ☐

– Tow Operators Hauling Non-owned Trailers

Underwriting Information

Estimated Gross Freight Earnings (GFE) for next 12 months	$
Percentage as a principal contractor	%
Percentage as a subcontractor	%
If you use subcontractors, advise estimate of payments to subcontractors for next 12 months	$

	Sums Insured (per Trailer)
Where optional Benefit Trailer in Control (TIC) is selected:	
Total Value of Trailers in Your Control	$
Total Number of Trailers in Your Control	$

Business Pack

Cover – Available for Road Freight Transport Operators, including incidental storage/warehouse business activities (excluding Bulk Dangerous Goods)

Section 1 – Fire & Perils

Is this section required? **Yes** ☐ **No** ☐

	Sums Insured
Buildings, including underground services and signs	$
Contents, excluding Stock	$
Stock, including Customers' Goods	$
Removal of Debris	$
Total Sum Insured (All Situations)	$

Sublimits

Accidental Damage	$ 20,000

Situation

Risk	Address	Postcode
1		
2		
3		
4		
5		
6		

Sums Insured

	Buildings	Contents	Stock	Removal of Debris	Total
1	$	$	$	$	$
2	$	$	$	$	$
3	$	$	$	$	$
4	$	$	$	$	$
5	$	$	$	$	$
6	$	$	$	$	$
Total	$	$	$	$	$

Underwriting Information

	Occupancy	Walls	Floors	Town Water Yes/No	Sandwich Foam greater than 30% Yes/No
1					
2					
3					
4					
5					
6					

Section 2 – Business Interruption

Is this section required? **Yes** ☐ **No** ☐

	Sums Insured
Additional Increased Cost of Working	$
Gross Rentals	$
Claim Preparation Expenses	$
Total Sum Insured (All Situations)	$

Indemnity Period (Months)	12 months

Section 3 – Theft

Is this section required? **Yes** ☐ **No** ☐

	Sums Insured
Stock in Trade, including Customers' Goods	$
Contents, excluding Stock & Customers' Goods	$
Total Sum Insured (All Situations)	$

Situation

Risk	Address	Stock	Contents (Excl. stock)
1		$	$
2		$	$
3		$	$
4		$	$
5		$	$
	Total	$	$

Underwriting Information

	Local Alarm Yes/No	Monitored Alarm Yes/No	Patrol Yes/No	Perimeter Fencing Yes/No	Bollards – All Exits Yes/No
1					
2					
3					
4					
5					

Section 4 – Money

Is this section required? **Yes** ☐ **No** ☐

	Sums Insured
Money in Transit	$
Money contained in the business premises:	
a) during business hours	$
b) outside business hours	$
c) only while contained in a securely locked safe, including damage to safes	$
Money in the personal custody of the insured whilst contained in private residences	$

Section 5 – General Property

Is this section required? **Yes** ☐ **No** ☐

Part A: Accidental Loss or Damage

Property Insured	Sums Insured Repl. Cost
Unspecified items or tools – Note: maximum value $2,000 any one item	$
Specified items, please list:	
1	$
2	$
3	$
4	$
5	$
Total	$

Section 6 – Glass

Is this section required? **Yes** ☐ **No** ☐

All External Glass

Situation

Risk	Address	Sums Insured Repl. Value Postcode
1		
2		
3		
4		
5		

Section 7 – Public & Products Liability

Is this section required? **Yes** ☐ **No** ☐

Please complete separate Public & Products Liability proposal section

Section 8 – Employee Dishonesty

Is this section required? **Yes** ☐ **No** ☐

Any one Employee and in the aggregate, any one period of insurance

Limit of Indemnity (Sum Insured)

$

Underwriting Information

Number of Principals, Directors, Partners	
Number of Staff with access to money, stock and accounts	
Number of Staff with no access to money, stock and accounts	

Are monies and negotiable instruments subject to control by two or more employees? **Yes** ☐ **No** ☐

Section 9 – Machinery Breakdown

Is this section required? **Yes** ☐ **No** ☐

Sum Insured

All Machinery at the Situation/s (Blanket Machinery) Any one loss, any one unit

$

Section 10 – Computer/Electronic Equipment

Is this section required? **Yes** ☐ **No** ☐

Part A: Accidental Damage (Including Breakdown)

Sums Insured

Property Insured

Repl. Cost

Unspecified computer/electronic equipment – Note: maximum value $2,000 any one item		**$**
Specified equipment, please list:		
1		**$**
2		**$**
3		**$**
4		**$**
5		**$**
6		**$**
7		**$**
	Total	**$**

Optional Benefits

Restoration of Data	**$**
Increase in Cost of Working	**$**

Declaration

This declaration applies to all the insurances being applied for.

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 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. upon acceptance the terms and conditions of this insurance will be in accordance with the Policy Document;
6. I/we have read and understood the Privacy information and consent to the collection, storage, use and disclosure of any personal information;
7. an occurrence during the Period of Insurance, which alters any of the information provided, will be promptly notified;
8. if I/we have not complied with the Duty of Disclosure and Duty of Utmost Good Faith, a claim made under the Policy may not be met or only met in part.

Proposer's Signature | Name | Position | Date