HEAVY MOTOR FLEET PROPOSAL FORM

INSURED DETAILS
Name of Insured:
Other associated entities:
ABN: Phone No:
Preferred contact person:
Period of insurance: / / / to / / /
How long have you been in business?
Have you changed trading names during the period you have been in business? If so what were your last two trading names?

POLICY DETAILS
Who is Your Current Broker? How Long has he/she acted for You?
Who is Your Current Insurer? How Long have you been insured with them?
When does your current policy expire?
What is Your current policy premium structure: Non adjustable premium Premium adjusted on Burning Cost basis Does your policy contain an Aggregate Excess Does your policy contain Claims Experience Discount (CED) terms
Your preferred policy term: Conventional Aggregate Excess
Your current and preferred excess structure: **Current** **Preferred** Prime Movers Rigids Trailers Cars Other Vehicles Each and every loss

YOUR BUSINESS PROFILE

Which freights task/s best describe your operation? Please indicate with % (totaling 100%)

Refrigerated% Livestock% General% Earthworks%

Car Carrying% Containers % Dangerous Goods (Packaged)%

Dangerous Goods (Bulk)%

If refrigerated operations, what freight do you mainly carry?

If livestock operations, what do you mainly carry?

Where are you depots located?

What is the maximum value of insured vehicles and at any one location, and any one time?

Radius of Operation % (totaling 100%) from your base or depot?

0-300km% 300-600km% 600-1000km% 1000+km%

Vehicle Combinations: (please state how many of each combination you operate)

Combination	**Number**	**Maximum Value**
Rigid Trucks		
Semi Trailer (single articulated)		
B Doubles		
B Triples		
Roadtrains (triple)		
Roadtrains (Quadruple)		

Please attach a copy of your fleet schedule.

Fleet growth. Please indicate the number of each combination for the preceding 3 years.

This Year

Combination	**Number**
Rigid Trucks	
Semi Trailer (single articulated)	
B Doubles	
B Triples	
Roadtrains (triple)	
Roadtrains (Quadruple)	

Last Year

Combination	**Number**
Rigid Trucks	
Semi Trailer (single articulated)	
B Doubles	
B Triples	

Roadtrains (triple) Roadtrains (Quadruple) **Year Prior** **Combination** **Number** Rigid Trucks Semi Trailer (single articulated) B Doubles B Triples Roadtrains (triple) Roadtrains (Quadruple)
What is the average length of employment for drivers?
Do you have your own servicing and repair facilities?

RISK MANAGEMENT

Are you Trucksafe accredited? Yes/No Accreditation No:
Are you NHVAS accredited? Yes/No Accreditation No: (If yes, please indicate for which components: Mass; Maintenance; Fatigue)
Are you a member of a transport/trucking association? Yes/No (If yes please name)
Do your trucks have satellite tracking or another type of tracking system? Yes/No (If yes please indicate type of tracking and who is responsible for monitoring it) If yes is it monitored continuously (e.g. 24 hours per day 7 days per week)?
Do your trucks have an on-board camera system? Yes/No
Do you have driver induction & training procedures? Yes/No (If yes please indicate whether in-house or external provider)
Do you have company driver manuals and driver daily check list sheets? Yes/No

DANGEROUS GOODS

Do you carry dangerous goods?
If Yes, what class do you carry? Class 1: Explosives Class 2: Gases Class 3: Flammable Liquids Class 4: Flammable Solids Class 5: Oxidising Substances Class 6.1 Toxic Substances Class 9. Miscellaneous
What is the **maximum** number of vehicle combinations on any given day carrying dangerous goods? Placard/non placard – Flammable/non flammable
What limit of dangerous goods cover do required? $1,000,000 $5,000,000 $10,000,000

CLAIMS EXPERIENCE

PERIOD	NO CLAIMS	COST OF CLAIMS
Year 1 (12 months)		
Year 2 (24 months)		
Year 3 (36 months)		
Year 4 (48 months)		
Year 5 (60 months)		

Ask what the largest claim was.

Please attached claims history on underwriter letterhead.

Please provide the details surrounding any losses greater than $75,000

HISTORY

Have You or Your Directors, been convicted of any criminal offences in the past 5 years?

Have You, as an entity been charged with any breach of any State's Road Safety Vehicle Regulations?

Have You ever had any insurance declined, cancelled or refused in the past?

Have You operated under a different entity that has had any insurance declined, cancelled or refused in the past?

Have You ever had an insurance claim rejected or declined?

Have You d ever withdrawn an insurance claim?

Have You or any of Your Directors ever been declared bankrupt, placed into liquidation or administration?

Is there anything else that you need to tell us under your Duty of Disclosure?

If Yes to any of the above please provide details below:

IMPORTANT INFORMATION

YOUR DUTY OF DISCLOSURE

Before you enter into the policy with us, you have a duty under the Insurance Contracts Act to disclose to us anything that you could reasonably be expected to know is relevant to our decision whether to accept the risk of 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 policy.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by us;
- that is of common knowledge;
- that we know or, in the ordinary course of business, ought to know; and
- as to which compliance with your duty is waived by us.

If you fail to comply with the duty of disclosure, we may reduce our liability under the policy in respect of a claim or may cancel the policy.

AGENT OF THE INSURER

In accordance with the requirements of the Corporations Act 2001, HMIA in arranging or effecting this insurance, or dealing with or settling claims will be acting under an authority given to it by the International Insurance Company of Hannover Plc –Australian Branch. Accordingly HMIA will be acting as an agent of the insurer and not an agent of the insured.

PRIVACY

Privacy legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information. HMIA has developed a Privacy Policy, which explains what sort of personal information we hold about You and what we do with that information.
To obtain a copy of HMIA's or the Insurer's Privacy Policy, please contact us or visit our website

COMPLAINTS & DISPUTES RESOLUTION

If you have any complaints about the products or services provided to you we have a complaints and internal dispute resolution process to try and resolve them as quickly as possible. Please contact us and tell us about your complaint. If you are not satisfied with the outcome of this process we will provide you with information about the Financial Ombudsman Service (FOS) including their contact information, when you lodge your complaint with us or at any time upon your request.

CHANGE OR RISK OR CIRCUMSTANCES

It is vital that you provide us with notification of any changes in your risk portfolio 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.

Declaration

I/we acknowledge and declare that:

1. I/we have received or have been offered a copy of the Financial Services Guide, Product Disclosure Statement and Policy Wording;
2. I/we have read the information concerning the Duty of Disclosure and other Important Information;
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 Product Disclosure Statement, Policy Wording and Schedule;
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.

Signature…….. Date……..

Name (Print)……..