TRANSPORT PACKAGE PROPOSAL FORM

Client No. _____

Policy No. _____

Intermediary No. _____

This declaration does not constitute an offer for renewal or the provision of a new business quotation. If we make an offer, this declaration forms part of the proposal for insurance.

ALL questions MUST be answered - DO NOT LEAVE ANY BLANK

PROPOSER

Full name(s):

Trading name:

Postal address: Post code:

Depot address: Post code:

Work phone: Mobile phone:

Email address:

Proposed period of insurance

From: to: (at 4.00pm L.S.T)

Interim Cover Number:

COMMERCIAL MOTOR (PRODUCT 1)

OPERATIONS

What is the total number of employees in your business?

VEHICLE INSURANCE

Item	Year/Make/Model	Body Type	Reg. Number	Engine/Chassis No./Serial No.	Proposed Sum Ins.*	Date & Purchase Cost	Authorised Capacity
1							
2							
3							
4							

*Average/under insurance clause applicable

Are any vehicles L.P. Gas converted? **Yes** ☐ **No** ☐

If **yes**, has a Standards Specifications Certificate been issued? **Yes** ☐ **No** ☐

Have any vehicles proposed been modified, altered or varied from the maker's standard vehicle production? **Yes** ☐ **No** ☐

If **yes**, please describe:

(Please note: Vehicles shall not be covered by the Policy where they have been illegally altered or modified so as not to comply with any Machinery Act or regulations or Manufacturer's standard design).

OTHER INTERESTED PARTIES

Please indicate if there are any other interested parties (e.g. owner, lessor, finance company, etc.)
If **applicable**, please state item, Party and Interest:

NO CLAIM DISCOUNT/PREVIOUS INSURANCE

Are you entitled to a no claim discount? (Written evidence must be supplied) **Yes** ☐ **No** ☐

Name of previous Insurer: Policy number: Expiry date:

Name of policy holder:

Vehicle(s) Insured: Discount Yes: %

Number of years operating your own transport/earthmoving business:

Number of years you have held continuous insurance on this type of vehicle:

EXTRAS

Do you require cover for the following?

Gates	**Yes** ☐	**No** ☐	Value:	$
Tarps	**Yes** ☐	**No** ☐	Value:	$
Dogs & Chains	**Yes** ☐	**No** ☐	Value:	$
Binders	**Yes** ☐	**No** ☐	Value:	$

Please list non removable items (Including fixed hard wired car phone, also Agitators or Plant) (Describe with values) or any non-standard accessories:

Item:		**Value:**	$
Item:		**Value:**	$
Item:		**Value:**	$
Item:		**Value:**	$

VEHICLE OPERATIONS

1. Is the vehicle owned or registered by anyone other than you? **Yes** ☐ **No** ☐
   If **yes**, please provide details.

2. Is the vehicle in a safe, roadworthy, undamaged condition? **Yes** ☐ **No** ☐
   If **no**, please provide details.

3. Is the vehicle lent out or leased out, or control assigned to any other party? **Yes** ☐ **No** ☐
   If **yes**, please provide details.

4. State the town (base) from which you operate:

5. Will the vehicle operate outside a destination radius of 450 kms from this address? **Yes** ☐ **No** ☐

If **yes**, please state the furtherest town/city you travel to:

What is the radius from base? kms

6. Will any driver be under 25 years of age or have less than 4 years driving experience for the class of vehicle in their charge? If **yes**, please provide details. **Yes** ☐ **No** ☐

VEHICLE OPERATIONS

7. Describe the nature of operations and the percentage of usage:

1. Vehicle/Machinery Carrier %
2. Furniture Removalists %
3. Parcel Express %
4. Brick/Block/Tile Carrier %
5. Sand/Gravel Carrier %
6. Coal/Mineral Carriers %
7. Livestock Carrier %
8. Grain Carrier %
9. Produce Carrier (Non Refrigerated) %
10. Produce Carrier (Chilled) %
11. Refrigerated Goods Carrier %
12. Premix Concrete Carrier %
13. Tanker (Non-Hazardous) %
14. Garbage Waste Disposal %
15. Asbestos (site clearing, rubble or dedicated removal) %
16. Hazardous/Dangerous Goods Carrier Indicate:

Class Type:

Chemical Name:

Estimate of Quantity Carried any one load:

OFFICE USE ONLY:
Hazardous/Dangerous Liability Limit: $

NOTE: Cover excludes carriage of Hazardous/Dangerous Goods unless agreed in writing by NTI.

General Freight

1. Foodstuffs/Clothing %
2. Hardware Supplies %
3. Sawn Timber Products %
4. Agricultural Supplies/Machinery %
5. Packaged Hazardous/Dangerous Goods (e.g. house/ag. chemicals) %
6. Fertilisers %
7. Steel %
8. Other (please describe) %

Earthmoving & Miscellaneous Equipment

1. Road Construction & Maintenance %
2. Mining & Quarry Use (above ground/open cut) %
3. Mining & Quarry Use (underground) %
4. Logging & Allied Occupations %
5. Bridge & Dam (Construction & Maintenance) %
6. Bush Clearing, Pulling, Rooting %
7. General Excavation:
   - Sewerage %
   - Pool Installation %
   - Clearing Building Sites %
8. Other (please describe) %

8. Who do you sub contract to or tow operate for?

LIABILITY COVER (PRODUCT 2)

Do you require a quote for Liability insurance? **Yes** ☐ **No** ☐

Liability Limit: Estimated Annual Turnover: $

What is your occupation?

Earthmoving contractor* ☐ Pre-mix contractor ☐

Cartage contractor - non-hazardous ☐ Cartage contractor - hazardous ☐

An earthmoving contractor operates plant and machinery (may specialise in certain tasks such as land / site clearing, excavation work etc.), visits third party locations, can own or lease a depot / terminal, can have a workshop, can store own fuel and can operate trucks to transport own equipment or commodities.

A cartage contractor operates truck and freight handling equipment, handles and moves freight (may specialise in hazardous, pre-mix, gravel etc.), visits third party locations, can own or lease a depot / terminal, can have a workshop for own vehicles, can store own fuel.

*If you ticked earthmoving contractor, are you involved in Road Works (beyond site preparation), Demolition, Railworks, Quarry and / or require Vibration Cover. If **yes**, please complete the **Supplementary Earthmoving Questionnaire**. **Yes** ☐ **No** ☐

LIABILITY COVER (PRODUCT 2)

Please list and describe all additional activities to your primary occupation, including percentage of turnover from each:

Additional activities*	Percentage(s) of turnover
	%
	%

* Please note - these activities are not covered unless accepted by NTI in writing.

Are you involved in Warehousing / Storage?
If **yes**, please provide full details (including types of goods/ values and percentage of turnover) **Yes** ☐ **No** ☐

How many Tool of Trade items will you operate?
(Do not include goods carrying vehicles). Please provide details of Tool of Trade items:

Do you, or will you, manufacture products or act as an agent to sell / promote products of others, or imported overseas products, or exported local products? If **yes**, please provide details: **Yes** ☐ **No** ☐

Do you agree to assume the liability of others or provide waivers or warranties under any contracts?
If **yes**, please provide details: **Yes** ☐ **No** ☐

Employees/Subcontractors/Labour Hire Staff

How many employed and subcontracted **truck drivers** and / or **plant operators** will you employ?

How many other **contractors** and **labour hire staff** do you hire? (**Excluding** drivers)

How much do you pay in wages for the above mentioned **subcontractors** and **labour hire**? (**Excluding** drivers) $

What activities do they (above) conduct? Please list all activities (**Excluding** driving / operating a vehicle)

Do you or will you occupy any additional premises for your business activities?
If **yes**, please provide the street number, name and suburb **Yes** ☐ **No** ☐

Do you or will you contract to a principal contractor?
If **yes**, please provide the name/s of the declared principal/interested parties **Yes** ☐ **No** ☐

MARINE CARGO (PRODUCT 3)

Do you require Marine Cargo cover? **Yes** ☐ **No** ☐

PROPOSER OPERATIONS

What type of carrier are you? **Principal Carrier:** ☐ **Subcontractor:** ☐ **Both:** ☐

Gross Freight Earnings: **$** Number of powered units hauling freight:

Radius of Operation: **200km** ☐ **450km** ☐ **850km** ☐ **Australia Wide** ☐

Radius of Operation: (Based in WA): **200km** ☐ **450km** ☐ **850km** ☐ **WA Wide** ☐ **Australia Wide** ☐

Provide details and percentages of all types of freight carried or handled or stored:

Is a copy of the Consignment note / Standard Trading Conditions attached? **Yes** ☐ **No** ☐ **(Cover can only be offered by NTI on Section 1 upon acceptance of your standard trading terms)**

SECTION 2 - INSURED PERILS COVER (GOODS IN TRANSIT)

Limit any one conveyance **$50k** ☐ **$100k** ☐ **$150k** ☐ **$200k** ☐ **$250k** ☐ **Other $**

Do you require any of the following extensions to Perils cover?

Loading & Unloading	**Yes** ☐	**No** ☐	Nominated special contracts cover	**Yes** ☐	**No** ☐
Theft, Pilferage and Non-Delivery	**Yes** ☐	**No** ☐	Shedding of Load	**Yes** ☐	**No** ☐
Temperature controlled haulage	**Yes** ☐	**No** ☐	Freight Consequential Loss	**Yes** ☐	**No** ☐

If **yes,** please specifiy for each contract Freight carried, GFE, Limit and Radius.

SECTION 3 - ACCIDENTAL DAMAGE COVER (GOODS IN TRANSIT)

Limit any one conveyance **$50k** ☐ **$100k** ☐ **$150k** ☐ **$200k** ☐ **$250k** ☐ **Other $**

Do you require any of the optional extensions to Accidental Damage cover?

Freight Consequential Loss **Yes** ☐ **No** ☐

If you wish to obtain free Section 1 cover with this Section 2, please provide your Standard Trading Conditions (Contracts) within 30 days of inception for consideration by NTI. Section 1 will not apply until NTI has approved those Contracts.

EXCLUDED FREIGHT

Please note the following freight is excluded from cover unless specifically declared and accepted formally by NTI: Bullions, Precious Stone, Cash/ Securities, Cigarettes, Tobacco based products, spirits, precious metal objects, precious jewellery, valuable works of art, Furniture, appliance and related domestic goods delivered to/for household use, birds (except poultry), horses, bloodstock breeding or prize animals, live plants, nuclear waste/material/radioactive substances and any **Freight that you own**.

Do you carry any of the above excluded freight? Yes ☐ **No** ☐

If **yes,** please provide NTI with further details and GFE:

BUSINESS INTERRUPTION (PRODUCT 4)

Do you require Business Interruption cover? Yes ☐ **No** ☐

If **yes**, please specify the make, model and registration number for the item(s) for which you require Business Interruption Cover.

Item	Year/Make/Model	Registration number	Weekly Benefit Amount $	Benefit Period (weeks)	Waiting Period (weeks)
1.					
2.					
3.					
4.					
5.					

For additional cover, please attach further details.

CLAIMS AND INSURANCE HISTORY This section MUST be completed.

In the past five years have you or any of your subcontractors **had any claims, incidents or events** for any of the following insurance covers, whether a claim was lodged or not?

Commercial Motor?
If **yes**, please provide details (including date, description and approx. cost): **Yes** ☐ **No** ☐

Liability?
If **yes**, please provide details (including date, description and approx. cost): **Yes** ☐ **No** ☐

Marine Cargo?
If **yes**, please provide details (including date, description and approx. cost): **Yes** ☐ **No** ☐

In the past five years have you or any of your drivers or subcontractors:

a) Had any insurance declined, cancelled or refused or special conditions/terms imposed or claim refused? If **yes**, please provide details: **Yes** ☐ **No** ☐

b) Had any mental or physical defects, or infirmity? If **yes**, please provide details: **Yes** ☐ **No** ☐

c) Had a licence suspended or cancelled, any traffic conviction or penalty imposed for an offence? If **yes**, please provide details: **Yes** ☐ **No** ☐

d) Had any adult Commonwealth/Territory convictions which are less than 10 years old (or if juvenile, less than five years? If **yes**, please provide details: **Yes** ☐ **No** ☐

e) Had any adult convictions for Commonwealth/Territory offences which are over 10 years old (or juvenile, less than five years), where the sentence imposed was imprisonment for a period greater than 30 months? If **yes**, please provide details: **Yes** ☐ **No** ☐

f) Had any convictions for state offences other than those excluded under the Queensland Criminal Law (Rehabilitation of Offenders) Act 1986 or the N.S.W. Criminal Records Act (1991)? If **yes**, please provide details: **Yes** ☐ **No** ☐

PRIVACY STATEMENT

Purpose of collection
We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of providing insurance services to you. This includes evaluating your application, evaluating any request for a change to any insurance provided; providing, administering and managing the insurance services following acceptance of an application; investigating and, if covered, managing claims made in relation to any insurance you have with us. The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose. However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

Disclosure
We may disclose your personal information, when necessary and in connection with the purposes listed above, to: your insurance broker or our agent, Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers; other service providers, hospitals, medical, health professionals, legal and other professional advisers.

Consequences if information is not provided
If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

Access
You can request access to the personal information by contacting us at our address shown on this form.

YOUR DUTY TO DISCLOSE

Before you enter into a contract of general insurance with an insurer, you have a duty, under the 'INSURANCE CONTRACTS ACT 1984', to disclose to the insurer every matter that you know, or could be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Non Discosure
If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fradulent, the insurer may also have the option of avoiding the contract from its beginning.

Average/Underinsurance
This Policy contains an average clause. This means that we require you to insure for the market value. If you do not do so, and you are underinsured, we will pay you less in the event of any claim, proportionate to the amount of underinsurance.

In particular, the amount we will pay is the proportion that the sum insured bears to 80% of the market value, subject to the precise conditions set out in the Policy.

Third Party Interests
You must inform us of the interests of all third parties (i.e. financiers, lessors) whose interest is to be noted on this insurance. Noting of their interest will not entitle them to be covered as an insured but merely to be given notice of any cancellation lapsing or proposed payment of total loss claim. Their interest will not be protected even to this extent if they are not noted on the policy.

Subrogation Agreements
Where another person, other than a person exempted by law, is liable to compensate you for any loss or damage covered by the policy, but you have agreed with, or given an undertaking to that person without our written authority, either before or after the loss or damage occurred that you would not seek to recover any moneys from that person, we will not cover you under the policy for any such loss or damage.

DECLARATION

I/We hereby jointly and/or severally understand the advice given in relation to the DUTY OF DISCLOSURE, AVERAGE, THIRD PARTY INTERESTS and SUBROGATION.

I/We jointly and/or severally understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance. I/We hereby jointly and/or severally hereby agree that if at the request of the company, within 14 days of receiving notice thereof, to obtain from the Commissioner of Motor Transport of the Authority having charge of the same, a complete and up to date record of offences in respect of the same which I have been reported and/or convicted. I/We hereby and/or severally declare that the above particulars and statements are true and I/We agree that this proposal and declaration shall be the basis of the contract between Me/Us and the company and be incorporated therein. I/We affirm that I/We have not withheld any information likely to affect the acceptance of this proposal.

Proposer signature:

1. _____ Date: _____

(If more than one insured all to sign)

Where the answers are not in my/our handwriting they have been checked jointly and/or severally by me/us and certified as correct.

Proposer signature: _____ Date: _____

(if more than one insured; all to sign)

_____ Date: _____

NTI Limited (ABN 84 000 746 109) (AFSL 237246) is the manager for National Transport Insurance, an equal-partner joint venture of CGU Insurance Limited (ABN 27 004 478 371) and Vero Insurance Limited (ABN 48 005 297 807). This means that each insurer is responsible for its one half share.

(126) 27/11/09

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