

MOTOR VEHICLE PROPOSAL FORM

PLEASE READ THESE NOTICES CAREFULLY

About Fleetsure

Fleetsure is one of Australia's leading providers of insurance for commercial and heavy motor fleets. We provide underwriting solutions for all types and sizes of motor fleets.

Start of contract

The Insurance Contract will not commence before the first day of the period of insurance, whether or not any premium is paid before then.

Persons covered by property insurance

Insurance on property (including motor vehicles and boats) covers the following:

- The insured named on the Certificate of Insurance
- Others named in the policy
- Others named on the Certificate of Insurance (e.g. a bank or finance company)

No other interest is covered.

Drivers' declarations

A Driver Questionnaire form should be submitted and approved by Fleetsure before the driver being in control of the insured vehicle. Your claim may be denied under the policy if a loss occurs and the vehicle is being driven by an unacceptable driver.

Insurance excess

An excess is the sum of money we will not pay in respect of a claim. The amount of the excess is as detailed in the Policy Schedule.

Claims

This policy does not provide cover in relation to events that occurred before the contract was entered into.

Privacy

Fleetsure Pty Ltd is committed to protecting the privacy of the personal information you provide to us. Any personal information you provide Fleetsure Pty Ltd will be collected for the purposes of assessing your request for insurance and administering your policy and will be disclosed to the Insurer for these purposes. By providing information on this proposal form you agree to its use and disclosure in this manner. All data collection, use, storage, access and disclosure will be undertaken in accordance with the Privacy Act 1988.

Section 1: Proposer details

Insured name:			
Trading name:			
Name of previous trading entities (if applicable):			
ABN:			
Residential address:		Postcode:	
Depot address:		Postcode:	
Postal address:		Postcode:	
Phone:	Mobile:		
Fax:	Email:		
Input tax credit (ITC)%:			
Other interested parties:			

Section 2: Insurance history

Current insurer:	
Policy no.:	
Name of policy owner:	
No. of vehicles:	
No. of Claims Free Years Insured:	
No Claims Bonus Entitlement:	(%)

Written evidence from an authorised insurer must be attached. Full premium will apply or the period of your insurance may be reduced if we cannot verify your no claims bonus.

Section 3: Vehicle operations

Base of operation:	
Radius of operation from base:	(kms)
Frequent destination(s):	
Furthermost normal destination:	
Total kilometres travelled by truck/fleet annually:	(kms)

What type of goods do you carry? (General freight is unacceptable)

What type of goods do you carry? (General freight is unacceptable)

Does the insured's business carry Dangerous Goods?	Yes	No
If yes, please advise specific classes:	Class 1 Explosives	
	Class 2 Gases	
	Class 3 Flammable liquids	
	Class 4 Flammable solids	
	Class 5 Oxidising substances & organic peroxides	
	Class 6 Toxic and infectious substances	
	Class 7 Radioactive material	
	Class 8 Corrosive substances	
	Class 9 Miscellaneous	
Quantity of Dangerous Goods carried in any one load:	tonnes	

This Policy may provide limited cover for the carriage of Dangerous Goods. Some Dangerous Goods are excluded from cover. Refer to Product Disclosure Statement & Policy Wording for full details.

Section 4: Proposer's history

Has the proposer of this insurance ever:

Had an insurer refuse to renew any policy?

Refuse to accept any insurance proposal?

Refuse a claim under any policy?

Cancel or terminate any policy?

Required an increased premium under any policy?

Impose special conditions under any policy?

Have you or any other directors been subject to bankruptcy?

Do you have a criminal record?

Have you ever been charged with an offence in connection with the care, control, management or use of a motor vehicle or had a driving license suspended, endorsed or cancelled?

Do you own any other vehicles excluding private vehicles that are not insured or are insured by another policy?

Yes	No

If Yes to any above, please provide full details.

Are any drivers under 25 years of age or with less than two years driving experience in Australia?

Yes

No

If yes, please provide details of driver/s and work performed.

Section 5: Schedule of vehicles

Year and Model	Type	Registration no.	VIN / Engine	Sum insured (ex GST)

Section 6: Trailer in control

Number of trailers in control at one time		
Type of trailers in control at one time		
Sum Insured required (maximum per loss)	\$	

Section 7: Vehicle modifications

Have any of the vehicles proposed been modified, altered or varied from the maker's standard vehicle production?	Yes	No
If Yes, please provide full details.		
Do you require cover for the following?		
Tarps:	Yes	No
Gates:	Yes	No
Dogs:	Yes	No
Chains:	Yes	No
Provide details of any non-removable items (e.g. fixed phone, agitator, hiab crane):		
Item:	\$	

Section 8: Claims/Losses

Have you had any claims/losses, insured or otherwise?	Yes	No		
If Yes, please provide full details, including those of previous trading entities (attach additional pages as required).				
Date of loss	Description of loss	Whose fault was the loss	Vehicle details	Amount of loss
				\$
				\$
				\$
				\$

Section 9: Declaration

- I/We agree that this Proposal is for insurance in the normal terms and conditions of the Company's Policy, a copy of which has been provided to me at the time of signing this Proposal.
- I/We authorise Fleetsure Pty Ltd to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.
- Where the answers are not in my/our handwriting, they have been checked jointly and/or severally by me/us and are certified as correct.

Proposer's signature:	
Name:	
Date:	