

## SMALL FLEET QUOTATION REQUEST

Broker name:		
Contact name:		
Phone:	Mobile:	
Email:		
Name of insured:		
Operation base:		
Postcode:	State:	
Current insurer:		
Policy expires:		
Current broker:		
Number of years of continuous insurance:		
Has the insured ever had insurance declined, terminated, or refused a claim?	Yes	No
If Yes, please provide full details.		
Has the insured or any other directors been subject to bankruptcy or have a criminal record?	Yes	No
If Yes, please provide full details:		
Do you require non-owned trailer in control cover?	Yes	No
If Yes, how much and what type of trailer?		
Provide details of any drivers under 25 years of age or with less than two years' driving experience in license class.		
How often are casual drivers used?		



List major clients, including other transport companies:	1.	
	2.	
	3.	
	4.	
	5.	
What percentage of the insured's business is prime contract?	%	
What percentage of the insured's business sub-contract?	%	
Does the business have any form of accreditation (e.g. Trucksafe TFMS, Dangerous Goods?)	Yes	No
If Yes, please provide details:		
Type of freight carried (i.e. steel, timber, produce).  NB: 'General freight' is not an acceptable description.	Refrigerated goods (exc. hanging meat)	
	Hanging meat (refrigerated)	
	Livestock	
	Produce	
	Dangerous Goods	
	Vehicles (inc. heavy machinery)	
	Building products	
	Coal & other minerals	
	Shipping containers	
	Other (please provide details)	
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	
What is the frequency of carrying dangerous goods?		

What is the typical operating radius of the insured's business?	Up to 150 km	%
	150 km to 300 km	%
	300 km to 600 km	%
	600 km to 1000 km	%
	1000 km to 1500 km	%
	>1500km	%
List major travelling routes of the insured's business:	to	%
	to	%
What percentage of the insured's business is next-day/overnight delivery?	%	
Does the insured's business regularly operate trucks between 11 pm and 7 am?	Yes	No
How often does the insured's drivers have a medical examination?		

**Please attach the schedule of vehicles with nominated sum insured values and detailed claims history.**

Signature:	
Name:	
Date:	

**Fleetsure use only**

Policy/Quote number:	
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