



Carriers Combined Load Insurance Application

Details of the Applicant												
Broker/Agent												
	Tel No.	()				Fax No.	()					
Applicant's (Carrier's) Name												
Additional Insured's												
Applicant's Address												
									State		Postcode	
Contact Numbers	Phone No. (Private)	()				Phone No. (Business)	()					
	Fax No.	()				Email						
Tax Status	Registered Business	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ABN							Taxable	%

Cover Details											
Period of Insurance	From	/ /				To	/ /				
How long has the business been in operation?											

Cover Options (please tick)											
Basic Load Cover (mandatory)											
Nominated Client/ Commodity Cover										Yes <input type="checkbox"/>	No <input type="checkbox"/>
Legal Defence Cover										Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the Insured use sub-contractors for more than 10% of their Gross Freight Earnings?										Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please advise your overall Gross Freight Earnings										\$	

Basic Load Cover Details														
Homebase State & postcode														
What is the estimated operating radius from your homebase?														
<input type="checkbox"/> up to 250km	<input type="checkbox"/> up to 400km	<input type="checkbox"/> up to 600km	<input type="checkbox"/> up to 1,000km	<input type="checkbox"/> up to 1,500km	<input type="checkbox"/> Exceeding 1,500km									
Please provide details of the number of operating vehicles (if any):														
Vehicle No	Make	Type (e.g Rigid/Pantech/Prime Mover/Trailer/Refrigerated Trailer)							Age					
1.														
2.														
3.														
4.														
5.														
What limit liability do you require?				Vehicle:								\$		
				Location:								\$		

Basic Load Cover Details (continued)

Please list all commodities being transported including the estimated Gross Freight Earnings for each commodity:

1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

Basic Cover- Optional Additional Insured Events

Please advise which of the following extensions are required:

Loading/ Unloading	<input type="checkbox"/>	Theft/ Non Delivery	<input type="checkbox"/>
Additional Expenses	<input type="checkbox"/>	Collapse of Decks	<input type="checkbox"/>
Refrigerated Goods- Variation in temperature (2 hours)	<input type="checkbox"/>	Refrigerated Goods- Variation in temperature (4 hours)	<input type="checkbox"/>
Refrigerated Goods- Variation in temperature (6 hours)	<input type="checkbox"/>	Refrigerated Goods- Variation in temperature (8 hours)	<input type="checkbox"/>
Refrigeration Failure/ Mismanagement	<input type="checkbox"/>	Rain Water Damage	<input type="checkbox"/>
Shedding of Load	<input type="checkbox"/>		

If any of the above refrigeration extensions are taken above, please advise the following:

(a) Please give details of the refrigeration maintenance program in place

(b) Details of the pre-check procedures prior to transit

Nominated Client/ Commodity Cover (optional cover)

Please list all commodities and/or nominated clients you require cover for including the estimated Gross Freight Earnings for each commodity:

Commodity	Client	Estimated Gross Freight Earnings
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
What limit liability do you require?	Vehicle:	\$
	Location:	\$

Legal Defence Cover (optional cover)

Please list all commodities you require cover for including the estimated Gross Freight Earnings for each commodity:

Commodity	Estimated Gross Freight Earnings
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

Legal Defence Cover (optional cover) continued

What limit liability do you require?	Vehicle:	\$	
	Location:	\$	
Do you use a consignment note?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please advise further information if available:			
Your current Insurer			
Type of Policy		Excess	
Your motor vehicle Insurer			

Previous Claims History

Please give details of previous losses					
Cargo/Load Loss Experience		Refrigerated Loss Experience		Motor Vehicle Loss Experience	
Year:	\$	Year:	\$	Year:	\$
Year:	\$	Year:	\$	Year:	\$
Year:	\$	Year:	\$	Year:	\$
Have you (the Applicant/s) ever had:					
An insurer decline to invite renewal on any cargo, load or motor vehicle policy?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Any policy of insurance cancelled by an insurer?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Restricted policy conditions imposed on any cargo, load or motor vehicle policy?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Had any motor convictions?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Been charged or convicted of any criminal offence?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered "Yes" to any of the above, please give details on a separate sheet.					

Duty of Disclosure

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

- **You do not have to tell us about any matter**

- that diminishes the risk
- that is of common knowledge
- that we know or should know in the ordinary course of our business as an insurer, or
- which we indicate we do not want to know.

- **If you do not tell us**

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

Privacy

QBE includes information about how we manage your personal information in our Product Disclosure Statements and policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website www.qbe.com.au or contact the Compliance Manager on 02 9375 4656 or email compliance.manager@qbe.com for further information.

Declaration and Authorisation

Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants.

1. I/We have received a copy of the Product Disclosure Statement (PDS) and the Policy Terms and Conditions.
2. I/We declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I/We authorise QBE Insurance (Australia) Limited ABN 78 003 191 035 to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.

Applicant/Broker's Signature

X

Date

/ /

Please return the completed form to your Financial Services Provider.

