

Carriers combined load insurance application

QBE Insurance (Australia) Limited ABN 78 003191 035 AFSL 239 545



Please return the completed form to your financial services provider.

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	No	ABN					Taxable	%

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

Cover options	Please tick	
Basic Load Cover - Section 5	Yes	No
Nominated Client/ Commodity Cover - Section 7	Yes	No
Legal Defence Cover - Section 9	Yes	No
Does the Insured use sub-contractors for more than 10% of their Gross Freight Earnings?	Yes	No
Please advise your overall Gross Freight Earnings	\$	

Basic load cover details					
Homebase state & postcode					
What is the estimated operating radius from your homebase?					
up to 250km	up to 400km	up to 600km	up to 1,000km	up to 1,500km	Australia wide
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		Theft/ Non Delivery	
Additional Expenses		Collapse of Decks	
Refrigerated Goods- Variation in temperature (2 hours)		Refrigerated Goods- Variation in temperature (4 hours)	
Refrigerated Goods- Variation in temperature (6 hours)		Refrigerated Goods- Variation in temperature (8 hours)	
Refrigeration Failure/ Mismanagement		Rain Water Damage	
Shedding of Load			

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 No
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:	\$
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	No
Any policy of insurance cancelled by an insurer?	Yes	No
Restricted policy conditions imposed on any cargo, load or motor vehicle policy?	Yes	No
Had any motor convictions?	Yes	No
Been charged or convicted of any criminal offence?	Yes	No

If you have answered "Yes" to any of the above, please give details on a separate sheet.

Your duty of disclosure

Before you enter into an insurance contract, you have a duty, under both the Insurance Contracts Act 1984 (Cth) and the Marine Insurance Act 1909 (Cth), to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

Where the Marine Insurance Act 1909 (Cth) applies:

If you fail to comply with your duty of disclosure, we may avoid the contract of insurance from its beginning.

Where the Insurance Contracts Act 1984 (Cth) applies:

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Privacy

Our Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy at www.qbe.com.au/privacy, or to obtain a copy by phoning us on 133 723 or requesting it from our authorised representatives or service providers.

We may share your information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of Australia.

By giving us personal information you consent to us collecting, disclosing, storing and using personal information in accordance with our Privacy Policy. If you give us someone else's personal information you confirm that you've obtained their consent to do so.

If you don't provide all of the personal information we've requested, we may be unable to issue, administer or manage products or provide services.

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 declare that all answers and statements made in the application are true, correct and complete in every respect.
2. I/We authorise QBE 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 (dd/mm/yyyy)