

Fleetsure Pty Ltd
 ABN 78 078 661 220 AFSL 238151
 (as agent of the insurer)

Level 11, 49 York Street
 SYDNEY NSW 2000

02 9299 5777

fleetsure.com.au



A 360 Group Company

The commercial and heavy motor fleet specialists

MOTOR FLEET QUESTIONNAIRE

Section 1: Insured details

| | | | |
|--|--|---------|-------|
| Name of Insured: | | | |
| Current insurer: | | | |
| How long have they held the risk: | | | Years |
| Previous insurer if less than 5 years: | | | |
| Current policy expires: | | | |
| Holding broker: | | | |
| Contact name: | | | |
| Phone: | | Mobile: | |

Section 2: Insurance details

| | | |
|--|--------|----------------------|
| Basis of Rating or Premium Terms (expiring year) | | Conventional |
| | | Burning Cost |
| | | C.E.D. |
| | | Aggregate Deductible |
| If Aggregate Deductible: | Amount | \$ |
| | Excess | % of sum insured |
| | | \$ minimum |
| Third Party Liability | \$ | |
| Dangerous Goods | \$ | |
| Has the insured ever had insurance declined, terminated, or refused a claim? | Yes | No |
| If Yes, please provide full details: | | |
| | | |
| | | |
| | | |
| Has the named insured or any other directors been subject to bankruptcy or have a criminal record? | Yes | No |



| |
|--------------------------------------|
| If Yes, please provide full details: |
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| |

Section 3: Fleet & Claims history for past 5 years

| Period of insurance | No. of Vehicles | Total Fleet Value | Excess | No. of Claims | Total Cost of Claims |
|---------------------|-----------------|-------------------|--------|---------------|----------------------|
| This year | | | | | |
| Last year | | | | | |
| 2 years previous | | | | | |
| 3 years previous | | | | | |
| 4 years previous | | | | | |

NB: Fleet numbers must be provided. Individual claims to be confirmed in writing on the Insurer's letterhead. For claims exceeding \$25,000, a separate detailed claims report must be completed.

Section 4: Operational details

| | |
|---|-------------|
| Trading name: | |
| Previous trading names: | |
| Location of base: | |
| Postcode: | |
| Location of depots: | 1. |
| | 2. |
| | 3. |
| | 4. |
| | 5. |
| No. of years in business: | _____ years |
| Gross freight earnings: | \$ _____ |
| Major current contracts: | 1. |
| | 2. |
| | 3. |
| Provide details of any significant changes in operation during the past five years: | |

Section 5: Fleet details

| | |
|---|--|
| What is the maximum value of any one combined unit? | \$ _____ |
| How many of this value are there? | _____ |
| Are you required to provide cover for any non-owned trailers? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, how many non-owned trailers do you drive at any one time? | _____ |
| If yes, what is the maximum value of any one non-owned trailer? | \$ _____ |



Section 6: Number of B-Double, B-Triple or Road Train configurations

| | B-Double | B-Triple | Road Train |
|---|----------|----------|------------|
| Current year: | | | |
| Last year: | | | |
| Two years prior: | | | |
| No. of years experience using this configuration: | | | |
| Maximum radius of operation: | | | |
| Do you only use drivers with in excess of 10 years' experience in these configurations? | Yes | Yes | Yes |
| | No | No | No |
| If No, please provide average number of years experience in these configurations: | | | |

Section 7: Type of freight carried

| | One trailer | 2+ trailers |
|---|-------------|-------------|
| Dangerous Goods | % | % |
| General (Non dangerous goods) | % | % |
| Refrigerated goods (excluding hanging meat) | % | % |
| Hanging meat (refrigerated) | % | % |
| Livestock | % | % |
| Produce | % | % |
| Vehicles (including heavy machinery) | % | % |
| Building products | % | % |
| Coal & other minerals | % | % |
| Shipping containers | % | % |
| Other (please provide details) | | |
| | | |
| | | |
| | | |

Section 8: Details of any dangerous goods carried

| | Type carried | Amount carried per trip | % of operation |
|--|--------------|-------------------------|----------------|
| Class 1 Explosives | | | % |
| Class 2 Gases | | | % |
| Class 3 Flammable liquids | | | % |
| Class 4 Flammable solids | | | % |
| Class 5 Oxidising substances & organic peroxides | | | % |
| Class 6 Toxic & infectious substances | | | % |



| | | | | |
|------------------------------|--|--|--|---|
| Class 7 Radioactive material | | | | % |
| Class 8 Corrosive substances | | | | % |
| Class 9 Miscellaneous | | | | % |

Section 9: Radius of operation

| | One trailer | 2+ trailers |
|--------------------|-------------|-------------|
| 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 | % | % |

Section 10: Major routes

| | One trailer | 2+ trailers |
|----|-------------|-------------|
| to | % | % |
| to | % | % |
| to | % | % |

Section 11: Maintenance and repairs facilities

| | | |
|---|-----|----|
| Does the company have facilities to perform services and maintenance? | Yes | No |
| If Yes, provide details: | | |
| | | |
| | | |
| | | |
| Does the company have facilities to perform accident repairs? | Yes | No |
| If Yes, provide details: | | |
| | | |
| | | |
| | | |

Section 12: Security

| | | |
|--|-----|----|
| Are all vehicles garaged at the one location? | Yes | No |
| What is the maximum value of all vehicles garaged at the one location? | \$ | |



| | | |
|--|-----|----|
| Are vehicles garaged in: | | |
| A) An unsecured open area? | Yes | No |
| B) A secured locked compound? | Yes | No |
| C) An enclosed covered area? | Yes | No |
| D) Does the location have security lighting? | Yes | No |
| E) Is the location patrolled by security guards? | Yes | No |
| F) Are guard dogs used? | Yes | No |
| G) Are keys left with vehicles? | Yes | No |
| Other additional information: | | |
| | | |
| | | |
| | | |

Section 13: Employee details

| | | |
|--|-------|----|
| Number of full-time employees | | |
| Number of part-time employees | | |
| Number of casual employees | | |
| Number of contractors | | |
| Number of sub-contracted tow operators | | |
| Total number of employees | | |
| What is the average length of time drivers stay with the company? | Years | |
| How many employees have voluntarily left the company in the past 12 months? | | |
| How many employees have involuntarily left the company in the past 12 months? | | |
| Are drivers required to submit a questionnaire and motor registry print upon employment? | Yes | No |
| Are drivers employed on a permanent basis? | Yes | No |
| Are tow-operators required to provide proof of non-owned trailer liability? | Yes | No |
| If Yes, to what value? | \$ | |

Section 14: Driving experience

| |
|---|
| Describe criteria for driver selection: |
| |
| |
| |
| Describe any driver training program: |
| |
| |
| |



| | |
|---|--|
| Describe any driver incentive scheme: | |
| | |
| | |
| | |
| How many drivers are under 25 years of age or with less than 2 years driving experience for required license class? | |
| If Yes, what vehicles are driven? | |
| | |

Section 15: Occupational health and safety

| | | |
|---|-----|----|
| Does the insured have a risk management program? | Yes | No |
| If yes, is this program audited? | Yes | No |
| Does the insured have Trucksafe accreditation? | Yes | No |
| Does the insured have Transport Forum accreditation? | Yes | No |
| Does the insured have Team 2000 accreditation? | Yes | No |
| Does the insured have PAQS accreditation? | Yes | No |
| Does the insured have Fatigue Management accreditation? | Yes | No |
| Other | Yes | No |
| If other, provide details: | | |
| | | |
| | | |
| | | |
| Are any vehicles governed/speed limited? | Yes | No |
| If Yes, provide details: | | |
| | | |
| | | |
| | | |
| Are any vehicles fitted with computer tracking devices? | Yes | No |
| If Yes, provide details: | | |
| | | |
| | | |
| | | |
| Are any vehicles operated on a 24-hour basis? | Yes | No |
| If Yes, provide details: | | |
| | | |
| | | |
| | | |
| Are vehicles dedicated to particular drivers full-time? | Yes | No |



| | | |
|--|-----|----|
| If Yes, provide details: | | |
| | | |
| | | |
| | | |
| Are all vehicles in a safe, roadworthy, undamaged condition? | Yes | No |
| If No, provide details: | | |
| | | |
| | | |
| | | |
| Have you ever been investigated or had fines imposed for breaches of the Occupational Health & Safety Act? | Yes | No |
| If Yes, please provide full details (i.e. details of circumstance, outcome etc). | | |
| | | |
| | | |
| | | |

| | |
|------------|--|
| Signature: | |
| Name: | |
| Date: | |

Fleetsure use only

| | |
|----------------------|--|
| Policy/Quote number: | |
|----------------------|--|

