



Trucksure Pty Ltd
 ABN: 78 078 661 220 AFSL: 238151
 As agent for the Insurer

PO Box R1940
 Royal Exchange NSW 1225

Level 6, 3 Spring St
 SYDNEY NSW 2000

Telephone: (02) 9251 1155
 Facsimile: (02) 9252 9098

MOTOR FLEET INSURANCE

Insured _____

Period of Insurance From: _____ To: _____

Holding Underwriter _____

How long have they held the risk? _____

If less than 5 years, who were the previous Insurers? _____

Holding Broker _____

How long have they held the risk? _____

If less than 5 years, who were the previous Brokers? _____

Basis of Rating or Premium Terms (expiring year) Conventional Burning Cost

C.E.D. Aggregate Deductible

Option 1 \$ _____ *Option 2* \$ _____

Cover Required: *Aggregate Deductible:* *Option 1* \$ _____ *Option 2* \$ _____

Deductibles (each and every claim): *Option 1* ___ % of sum insured, minimum \$ _____

Option 2 ___ % of sum insured, minimum \$ _____

Section 2 *Third Party Liability* \$ _____

Hazardous Goods Liability \$ _____

Fleet & Claims history for past 5 years (fleet numbers must be provided, insurers claims printout sufficient)

Period of Insurance	No. of Vehicles	Total Fleet Value	Excess	No. of Claims	Total Cost of Claims
Current Year					
Last year					
2 years previous					
3 years previous					
4 years previous					

Individual claims to be confirmed in writing on the Insurer's Letterhead
 For claims exceeding \$30,000, a separate detailed claims report to be provided.

Has Insurance been refused in the past five years? Yes No If Yes, please provide details

Please attach a schedule of vehicles to be Insured including current market value and details of vehicles subject to leasing arrangements and carriage of dangerous/hazardous goods.



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Operational details

What are your Gross freight earnings \$ _____

How long have you been continuously in business? _____ years

Previous trading names? _____

Main base of operation? _____

Other depots? _____

Does the company have a risk management programme? Yes No If yes, is it audited? Yes No

Does the company have or participate in the following:

- Trucksafe accreditation Yes No If no, will this be attained shortly? Yes No Date _____
- Road Transport Forum Yes No
- Team 2000 Yes No
- PAQS Yes No
- Fatigue Management Yes No
- Other Yes No If Yes, please provide details _____

Nominate major current contracts: _____

Changes in operation during last five years? _____

Are any vehicles governed/speed limited? Yes No If Yes, please provide details _____

Are any units fitted with computer tracking devices etc? Yes No If Yes, please provide details _____

Are any vehicles operated on a 24 hour basis? Yes No If Yes, please provide details _____

Are vehicles dedicated to particular drivers full-time? Yes No If Yes, please provide details _____

Does the company have facilities to perform?

Accident repairs Yes No

Service and maintenance Yes No

If yes, please provide details _____

Are all vehicles in a safe, roadworthy, undamaged condition? Yes No If No, please provide details _____



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Fleet details

What is the maximum value any one combined unit? \$ _____ How many of this value are there? _____

Are you required to provide cover for any non-owned trailers? Yes No If yes, please advise the following

↳ How many trailers at any one time _____ ↳ Maximum value any one non-owned unit \$ _____

Are there any B-Double, B-Triple or Road Train configurations? Yes No If Yes, please complete the following

	B-Double	B-Triple	Road Train
↳ How many of each do you operate? <i>This year</i>			
<i>Last year</i>			
<i>2 years prior</i>			
↳ How long have you used these configurations?	_____ years	_____ years	_____ years
↳ What is your maximum radius of operation?	_____ km	_____ km	_____ Km
↳ Do you only use drivers with in excess of 10 years experience in these configurations? <i>If no, please provide details</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Goods carried			Radius of Operation		
<i>Freight/Commodities</i>	<i>One trailer</i>	<i>Two plus trailers</i>	<i>Radius</i>	<i>One trailer</i>	<i>Two plus trailers</i>
General (Non hazardous goods)	%	%	Up to 150km	%	%
Refrigerated Goods (excl hanging meat)	%	%	150km to 300km	%	%
Hanging Meat (Refrigerated)	%	%	300km to 600km	%	%
Livestock	%	%	600km to 1000km	%	%
Produce	%	%	1000 km to 1,500km	%	%
Packaged Dangerous/Hazardous Goods	%	%	Above 1,500km	%	%
Bulk Dangerous/Hazardous Goods	%	%			
Vehicles (including heavy machinery)	%	%			
Building Products	%	%	Major Routes		
Coal & other minerals	%	%	_____ to _____		%
Shipping containers	%	%	_____ to _____		%
Other (please provide details)	%	%	_____ to _____		%

Provide details of any hazardous or dangerous goods carried

<i>Substance</i>	<i>Class</i>	<i>Amount Carried per trip</i>	<i>% of operation</i>
			%
			%
			%
			%
			%



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Driver Details

How many staff does the company employ (including Principals, drivers, clerical staff, contractors and sub-contractors)

Full time	Part time	Casual	Contractors	Sub-contracted tow operators

Are there any drivers under 25 years of age or with less than 2 years driving experience for required license class?

Yes No

If yes, how many and what vehicles are driven?

How many employees have voluntarily left the company in the last 12 months?

How many employees have involuntarily left the company in the last 12 months?

What is the usual length of time drivers stay with the company

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? \$ _____

Describe criteria for driver selection:

Describe any driver training program:

Describe the driver incentive scheme:

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, final outcome etc..
