



COMMERCIAL MOTOR VEHICLE PROPOSAL FORM

TRUCKSURE PTY LTD

ABN: 78 078 661 220 AFSL: 238151

As agent for the Insurer

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PLEASE READ THESE NOTICES CAREFULLY

About Trucksure

Trucksure specialises in transport insurance. Trucksure acts as agent for the Insurer and is authorised to arrange for the issue heavy vehicle insurance policies. In arranging the insurance Trucksure will be acting as an agent for the Insurer and not as your agent.

Notice of Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know to be a matter relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:
that diminishes the risk to be undertaken by the insurer;

- that is of common knowledge;
- that your insurer knows, or in the ordinary course of his business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-Disclosure

If you fail to comply with your Duty of Disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

What You Must Tell Us

In answering our questions, you should be honest and you have a duty under law to disclose anything known to you that a reasonable person in the circumstances would include in answer to the question. You should fulfil this obligation by answering all questions fully and correctly. We will use your answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

The Obligation

- Applies before we issue new insurance and before we renew, extend, vary or reinstate your insurance
- Extends to every person to be covered by the policy

Who Needs to Tell Us

Everyone who is to be insured under the policy must answer our questions in this way. So, it is important that you are answering for yourself and anyone who you wish to be covered by the policy.

Additional Matters

For renewals you should inform us when you receive your renewal advice of any Duty of Disclosure matters. Please note that the question about "exceptional circumstances" relates to matters which are not, and would not be expected to be, the subject of specific questions but which are nevertheless relevant to our decision. This would include, for example, matters particular to you such as trading and credit difficulties or previous dishonest conduct, traffic prosecutions and fines.

If You Do Not Tell Us

If you do not answer our questions honestly, fully and correctly, or fail to inform us when you receive your renewal advice, we :

- May reduce the payment which we make under the policy
- May cancel the policy

If you answer any of the questions fraudulently, we may refuse to pay a claim and treat the policy as never having worked. You do not have to tell us anything which:

- Reduces the chances of you making a claim under your policy
- Everybody knows
- We know or should know in the ordinary course of our business
- We indicate we do not want to know

If you are unsure whether something is relevant it is better to tell us. This applies to both application completion and renewing insurance. If you do not understand your duty, please ask us to explain it.

Start of Contract

The Insurance contract will not commence before the first day of the period of insurance whether or not any premium is paid before then.

Persons Covered by Property Insurance

Insurance on property (including motor vehicles and boats) covers the following:

- The insured named on the Certificate of Insurance
- Others named in the policy
- Others named on the Certificate of Insurance (e.g. a bank or finance company)

No other interest is covered.

Drivers Declarations

A Driver questionnaire form must be submitted and approved by us prior to the driver driving or being in control of the insured vehicle. If a loss occurs and the vehicle is being driven by an Unauthorised Driver your claim may be denied under the policy.

Drivers Under 25 Years of Age or with less than 2 years driving experience

This policy will NOT provide cover to any driver under 25 years of age or any driver with less than 2 years driving experience in Australia in the relevant license class.

Insurance Excess

An excess is the sum of money we will not pay in respect of a claim. The amount of the excess is as detailed in the Policy Schedule.

Claims

This policy does not provide cover in relation to events that occurred before the contract was entered into.

Privacy

Trucksure is committed to protecting the privacy of the personal information you provide to us.

Any personal information you provide Trucksure will be collected for the purposes of assessing your request for insurance and administering your policy and will be disclosed to the Insurer for these purposes. By providing information on this proposal form you agree to its use and disclosure in this manner.

If you do not provide the information requested, your insurance proposal may not be accepted, or you may breach your Duty of Disclosure, the consequences of which are set out in the Duty of Disclosure section of this document.

All data collection, use, storage, access and disclosure will be undertaken in accordance with the Privacy Act 1988.

PROPOSED PERIOD OF INSURANCE FROM / / TO / / at 4pm

PROPOSER

Full Name

Trading Name..... ABN

Have you traded under previous entities, if so give details

Residential Address..... P'code

Depot Address..... P'code

Other Interested Parties

Postal Address P'code

Telephone No. Mobile No:.....

Facsimile No..... Email Address:.....

INSURANCE HISTORY

Previous Insurer Policy no.

Name of Policy Owner Number of Vehicles.....

No. of Claims Free Years Insured No Claims Bonus Entitlement%

Written evidence from an authorised insurer must be attached. If we cannot verify your no claims bonus, full premium will apply or the period of your insurance may be reduced

VEHICLE OPERATIONS

Is the vehicle presently insured with another insurer? Yes No

Is the vehicle owned or registered by anyone other than yourself? Yes No

Is the vehicle lent out or leased out, or control assigned to any other party? Yes No

Is the vehicle in an unsafe, unroadworthy or damaged condition? Yes No

If 'yes' to any of the above, please supply details:.....

Base of Operation

State the radius required kms Most frequent destination.....

What is your furthest normal destination (eg town, city).....

Total annual kilometres travelled by truck/fleet..... kms

What type of goods do you carry?
(General freight is unacceptable).....

Will Dangerous goods (ie explosives, acids, flammables or chemicals) be carried? Yes No

If 'Yes', please indicate:.....

Substance carried

Estimate of quantity carried any one load.....

NOTE: Policy excludes cover for the carriage of hazardous goods unless agreed to in writing by the company

PROPOSER'S HISTORY

Has the Proposer of this insurance ever had an Insurance Company:

Refuse to accept any insurance proposal? Yes No Refuse to renew any policy? Yes No

Refuse a claim under any policy? Yes No Cancel or terminate any policy? Yes No

Required an increased premium under any policy? Yes No Impose special conditions under any policy? Yes No

Have you any physical or mental defects or infirmity? Yes No Have you or any other directors been subject to bankruptcy? Yes No

Do you own any other vehicles that are not insured or are insured by another policy? Yes No

Do you have a criminal record? Yes No

Have you ever been charged with an offence in connection with the care, control, management or use of a motor vehicle or had a driving license suspended, endorsed or cancelled? Yes No

If 'Yes' to any of the above questions, please provide details

.....

What is your Date of Birth:DayMonthYear

What is your driver's licence number: Class of Licence:.....

How many years have you been operating this class of vehicle?.....

Do you hold licenses in any other State? If so, please list:.....

EMPLOYED DRIVER

Shall any person other than the insured be in charge of the vehicle(s)? Yes No

If 'Yes', the applicable driver's declaration must be completed.

It is important for you to note that if the Driver Declaration is not approved by us prior to any trip being undertaken by your driver then cover under this Policy will be refused unless you are notified in writing to the contrary.

SCHEDULE OF VEHICLES

Please note: All units must be insured for current market value.

Year & Model	Reg. No	VIN / ENG	Type	Sum Insured
Total value of above				\$

Trailer in control - Number and types at any one time.....

Sum Insured Required (Maximum per Loss) \$.....

Are any vehicles LP Gas converted? Yes No

If 'Yes' has a Standards Specifications Certificate been issued? Yes No

VEHICLE MODIFICATIONS

Have any of the vehicles proposed been modified, altered or varied from the maker's standard vehicle production. If so, describe:

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VEHICLE ACCESSORIES

Do you require cover for the following? Values of accessories which are nominated are to be included in the sum insured.

Tarps	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	Gates	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
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Dogs	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	Chains	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
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Non Removable Items (eg fixed phone, agitator, hiab crane)

Item	\$	Item	\$
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Item	\$	Item	\$
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CLAIMS/LOSSES

Have you had any Claims/Losses, Insured or otherwise? Yes No

Give details of any losses or accidents involving motor vehicles whether you were insured or not including those of any previous Trading Companies or Operators that you have acquired / merged with.

Date of loss	Description of loss	Whose fault was the loss	Vehicle details	Amount of loss

DECLARATION

- I/We declare that the answers above are true and I have read the notices on pages 1 and 2 and discharged my duty of disclosure.
- I/We agree that this Proposal is for insurance in the normal terms and conditions of the Company's Policy, a copy of which has been provided to me at the time of signing this Proposal.
- I/We authorise TRUCKSURE Pty Ltd to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

Date / /

Proposer's Signature

- Where the answers are not in my/our handwriting they have been checked jointly and/or severally by me/us and are certified as correct.

Date / /

Proposer's Signature