



Trucksure Pty Ltd

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 ACN: 078 661 220
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Level 6, 3 Spring Street,
 Sydney NSW 2000

**PO BOX R1940
 Royal Exchange NSW 1225**

Telephone: (02) 9251 1155
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Brokerage Name: Contact Broker:
 Contact Phone: Contact Email:
 Name of Insured:
 Client's Home Base: City:..... State: Postcode:
 Due Date of Policy: Current Insurer:
 Years of Insurance: Current NCB:%..... Current Broker

Equipment Details:

Year/Make	Type (PM, Rigid, Tipper, Pan)	Annual KMS (Use of Vehicle)	Sum Insured

Do you require Trailer in control cover?..... If Yes, how much and type of Trailer?.....

Driver Name (If more than one attach details): D.O.B:.....

No of years and experience in licence class and type of work to be undertaken.....

Previous Convictions:

Previous Accidents / Claims:

How often are causal drivers used?

List Major Clients including other transport companies:

Prime Contract:% Subcontract:.....%

Does your business have any form of accreditation (i.e.Trucksafe TFMS, Dangerous Goods?)

Type of freight carried (i.e. steel, timber, produce)

If Hazardous Goods please supply Classes and frequency.

General Freight is not an acceptable description:

What percentage of your freight is next day delivery, time sensitive, and/or overnight express freight? %

Do you regularly drive between 11pm and 7am?

How often do you have a medical?.....

Usual Journeys		Radius of Operation (as the crow flies)	
From	To	Radius	Percentage of Work
		Up to 150km	%
		150km to 300km	%
		300km to 600km	%
		600km to 1000km	%
		1000km to 1500km	%
		Above 1500km	%

Signed: Print Name: Date: