



# Light Commercial Motor Vehicle Insurance Proposal Form (for Taxi, Limousine, Courier Vans and other vehicles under two tonnes)

## Important Notices:

Please read the following advice before completion of this Proposal Form

- The persons whose interests are to be insured under this policy should understand the terms, definitions and cover provided by this policy by reference to our Policy Wording. It is available from Your Insurance Adviser or our Website.
- When SRS Underwriting Agency Pty Ltd place this policy of insurance under an authority given to us by the Insurer, we will be effecting the contract as Agent of the Insurer.

## Your Duty of Disclosure.

When we provide Insurance terms for you, whether for a new policy, renewal of a policy or changes to or reinstatement of your policy, we rely on the information you provide to us. You must tell us anything that you know, or should know, that could affect

- Our decision to insure you,
- the amount of the premium we charge you, or
- whether we should impose special conditions to this cover.

You do not need to tell us about anything which:

- Reduces the likelihood of a claim
- Is of common knowledge
- We know, or as an Insurer should know
- We indicate that we do not want to know

**What you must tell us.** When answering our questions, you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

**Who needs to tell us.** It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

**If you do not tell us.** If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the policy as never having existed.

## Privacy Statement

We are committed to protecting your privacy. We only use the personal information you provide to us to quote on and insure your risks. We only provide personal information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with claims under your policy. We will not trade, rent or sell your information.

If you do not provide us with complete information, we cannot properly quote for your insurance and we cannot insure you. You can check the personal information we hold about you at any time.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, ask us for a copy or visit our website.

## No Cover if Rights "Signed Away"

This policy does not cover loss, destruction, damage or legal liability in respect of which any right which you may otherwise have had against any person, company or partnership is excluded or limited by reason of any agreement you may enter into.

Please be careful before you sign anything that you do not jeopardise your entitlement to be covered under this Policy.

## Persons Covered

Unless this insurance is otherwise extended, the insurance proposed here will, when incepted, cover only the interests of those persons/entities specifically named in this proposal and accepted by us. It will not cover the interests of any other persons / entities.

**Please note if there is insufficient space** provided to fully answer any question, please attach an additional sheet of paper with the extra information as required. All such attachments will form part of your application for insurance and be subject to the Declaration on the last page of this Proposal.

**Please answer all questions.** Any question left unanswered or answered as known to broker or insurer or otherwise answered in an incomplete way may delay the processing of your request for this insurance. **Ensure the cover you request is adequate for your requirements.**

**Your Insurance adviser** can assist you to complete this form. They will send it to us so that we may quote on your insurance request.

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SRS Underwriting Agency Pty Ltd  
ABN 89 113 929 516  
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Please print all answers to the questions below

1. Proposer

Name: .....

Postal Address: ..... Postcode: .....

Phone: ..... Fax: .....

2. Period of Insurance From: ..... at 4pm To: ..... at 4pm

3. Details of Vehicle(s)

(i) Vehicle Type (eg. Ute, Van, Sedan, etc):.....

(ii) Nature of work undertaken (eg. Taxi, Courier Van, etc):.....

(iii) Year, Make and Model:.....

(iv) Any performance enhancement / load carrying modifications to this vehicle?  Yes or  No

If Yes, please provide details: .....

(v) Registration Number: .....

(vi) Any items of plant attached (eg. crane)?  Yes or  No

If Yes, please provide details: .....

(vii) Sum Insured: \$ .....

Sum Insured is based on Market Value or Declared Value, whichever is the lesser. Please ensure that the value of any standard accessories is included in this Sum Insured (eg. CB, UHF, fixed phone, self use fridge, gates, tarps, dogs and chains, binders, angles, ropes, plant) as these items are automatically included as part of the Total Sum Insured under the policy. Any non standard accessories should be separately specified in the policy schedule.

(viii) Name of Interested Party: .....

4. Details of Operations

(i) What is the nature of goods carted (Note: 'General' is not an acceptable answer): .....

(ii) Are any Dangerous / Hazardous goods carted?  Yes or  No

If Yes, please advise details: .....

(iii) Do you require Legal Liability cover for carriage of Dangerous / Hazardous goods in excess of \$250,000?  Yes or  No

If Yes, what limit is required? .....

(iv) Operating Radius required for this insurance: .....

(v) What is the normal work run (in kilometres)?..... kilometres

(vi) How many kilometres are normally travelled in a fortnight?..... kilometres

(vii) What is your Annual Gross Turnover? \$.....

5. Details of the Client / Driver

(i) Date of Birth:.....

(ii) Type of Licence held:  C  LR  MR  HR  HC  MC

(iii) Years of current experience in driving the class of vehicle concerned:.....

(iv) If an Owner / Driver, how long have the client been an Owner / Driver? .....

- (v) Please indicate either Yes or No to the following, in regards to you or any other person intending to drive these vehicles
- (a) Had a claim, accident or damage to a vehicle in the past five years?  Yes or  No
  - (b) A Driver's licence suspended, cancelled or endorsed?  Yes or  No
  - (c) Had any traffic or speeding offences in the past three years?  Yes or  No
  - (d) Had any insurances refused, declined, cancelled or special terms imposed?  Yes or  No
  - (e) Been convicted of or charged with:
    - Fraud, arson, theft or any other criminal act?  Yes or  No
    - Drug use, driving under the influence or exceeding the Prescribed Concentration of Alcohol?  Yes or  No
  - (f) Been declared bankrupt or filed for bankruptcy?  Yes or  No

If you have answered Yes to any of the above questions, please supply details:.....  
 .....  
 .....  
 .....  
 .....

**6. Previous Insurance Details and History** (all direct business partners, directors and shareholders) for the last 5 years:

- (i) Has any insurance ever been cancelled for non-payment of premium?  Yes or  No
- (ii) Has any company cancelled or refused to renew or accept **any** insurance policy?  Yes or  No

If Yes, give Company Name, Date and Reason:.....  
 .....  
 .....

(iii) Give details of claimed and unclaimed losses during the past 5 years involving you vehicles or drivers (include losses within any aggregate deductible):

Year	Insurer	Claim Excess	No. of Units	No. of Claims	Total Claims
		\$			\$
		\$			\$
		\$			\$
		\$			\$

(iv) Have you had any incident which led or is likely to lead to a claim against you for Public Liability?  Yes or  No  
 If Yes, please provide details:.....  
 .....

(v) Have you had any incident which led or is likely to lead to a claim resulting from the death of a driver?  Yes or  No  
 If Yes, please provide details:.....  
 .....

(vi) In regards to your Duty of Disclosure for Motor, Public Liability or Personal Accident insurance, do you have anything to disclose to Us?  Yes or  No  
 If Yes, please provide details:.....  
 .....

**Declaration and agreement:**

I/We agree to make the property to be insured by this policy available for inspection by SRS or their representatives.

I/We acknowledge that no cover is provided unless and until, underwriters advise in writing of the cover and terms which they can provide, this cover and terms is then accepted by the Insured, Underwriters are advised of acceptance of their cover and terms offer and SRS acknowledges to the Insured that Cover is provided.

If additional pages are attached for inclusion in this proposal they form part of this proposal.

The answers and information given by me/us in this proposal are true and correct in all respects.

Where answers in this proposal are not in my/our own handwriting, they have been checked by me/us and I/we agree that they are correct and that the other person who completed this form did so as my Agent.

I/We acknowledge having been clearly informed of and understand the effect of all of the Important Notices above.

I/We authorise SRS to give to, or obtain from other insurers or an insurance or credit reference bureau, any information relating to or which may impact on this insurance cover, and any other insurances held by me/us and claims under those insurances.

By signing this application, I/We agree to SRS collecting, using and disclosing my/our personal information, including sensitive information if applicable, in accordance with the Privacy Statement and the SRS Privacy policy.

**Signature/s:**..... **Date:** .....

**Full Name of such Person:** ..... **Title:** .....