



# Fleet – Heavy Motor Vehicle Insurance Proposal Form

## 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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ABN 89 113 929 516  
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Please print all answers to the questions below

**1. Proposer(s)** – include all subsidiaries and other operating names of entities to be insured (attach explanation or relationship and operation performed by each)

Name(s) in full of Principals/Partners/Directors:.....

Trading Name: .....

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

**2. Business**

Description: .....

If your business description has undergone any changes in the last 12 months please describe past and present operation(s)

.....

.....

How long have you been established in this business? .....

**3. Period of Insurance** From: ..... at 4pm To: ..... at 4pm

**4. Your Fleet Utilisation**

**Rigid** Number of LR, MR, HR: ..... Kilometres travelled per year: .....

**Semi** Number of HC category vehicles ..... Kilometres travelled per year: .....

**B Double** Number of B Double category vehicles ..... Kilometres travelled per year: .....

**Road Train** Number of Road Train category vehicles ..... Kilometres travelled per year: .....

(i) What percentage of driving is performed between the hours of 11pm and 6am?

Rigid: .....% HC:.....% MC:.....%

(ii) What is the number of vehicles on a 24 hour shift with two drivers?

Rigid: ..... HC:..... MC:.....

**5. Operations**

(i) Schedule of Equipment Operated – please complete the attached SRS Vehicle Listing

(ii) Has any vehicle been performance modified from the original manufacturer's specification?  Yes or  No

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

.....

(iii) Commodities Hauled (Note: General Freight is not an acceptable answer)

List Specific Commodities Hauled	Frequency (% of total hauls)	Hazardous Materials
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
		<input type="checkbox"/> Yes or <input type="checkbox"/> No

(iv) Do you require Legal Liability cover for carriage of Hazardous Goods in excess of \$250,000?  Yes or  No

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

(v) Base of operation:.....

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

(vii) *Pick Up Points* *Delivery Points*

.....

.....

.....

.....

(viii) Trailer in Control

- (a) Is trailer in control legal liability required?  Yes or  No
- (b) Is trailer in control accidental damage cover required?  Yes or  No

If Yes to either of the above,

What Sum per Unit is required:..... No. of Units:.....

Legal Liability: Maximum value per trailer: \$.....

Average value per trailer: \$.....

List the companies that own these trailers: .....

**6. Driver Information**

(i) Number of Drivers aged under 25: .....

Please provide the following information for each of these drivers:

Name of Driver	Vehicle being driven	Experience	Radius
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

(ii) Classes of Vehicles Driven:  LR  HR  HC  MC

(iii) Have you or any of your Drivers in the last five years:

- (a) Been convicted of or charged with Fraud, Arson or Theft or any other Criminal Act?  Yes or  No
- (b) Had a motor accident or loss, a vehicle stolen or made a claim under a motor insurance policy?  Yes or  No
- (c) Had any driving offence or traffic infringement fines (other than parking) or had a drivers licence cancelled or suspended?  Yes or  No
- (d) Had any insurance declined or cancelled, been refused renewal of any Insurance or had special terms, conditions or excesses imposed?  Yes or  No
- (e) Been convicted with driving with a Prescribed Concentration of Alcohol (PCA) above the legal limit, driving under the influence (DUI) or a drug offence within the last 5 years?  Yes or  No
- (f) Do any of the named Drivers suffer from any medical condition which could affect their driving performance?  Yes or  No

If Yes to any of the above, please provide the following further details:

Name	Details of Accident, Loss, Convictions, etc	Date	Amount of Loss / Fine	Insurance Company	Details of any medical condition

(iv) Driver Hours

- (a)
 

	<i>Driving</i>	<i>On Duty</i>	
Daily:	.....	.....	
Weekly:	.....	.....	
- (b) Longest Trip: Time: ..... Distance: .....  One Way or  Turnaround

(v) Trucksafe and QA Programmes

Are you member of Trucksafe or other relevant QA programmes (please list):

- 1..... Date Joined:.....
- 2..... Date Joined:.....
- 3..... Date Joined:.....
- 4..... Date Joined:.....

**7. Have you, or your direct business partners, directors or shareholders, ever:**

- (i) Declared bankruptcy?  Yes or  No  
If Yes, please advise the date:.....
- (ii) Been convicted of criminal charges?  Yes or  No
- (iii) Have criminal charges pending?  Yes or  No
- (iv) Operated this business under another name, or introduced another Business name to some of your existing fleet vehicles?  Yes or  No
- (v) Operate(d) any other transport fleets?  Yes or  No

If Yes to any of the above, please provide further details:.....  
.....

**8. Previous Insurance Details and History** (all direct business partners, directors and shareholders)

- (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) Have you been insured under a Motor Vehicle policy in the last five years?  Yes or  No  
If Yes, please attached documentation in confirmation of the claims history.

(iv) Give details of motor insurance and losses during the past 5 years (include losses within any aggregate deductible):

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

**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:** .....

SRS Vehicle Listing – TRUCKS (Please photocopy for additional units)		
<b>Unit No. 1</b>	Type	
	GVM if Combination	
	Type of Combination	
	Year & Make	
	Model	
	Registration No.	
	Engine / VIN No.	
	Sum Insured	
Finance Company	<input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, please advise Name: ..... Address: .....	
<b>Unit No. 2</b>	Type	
	GVM if Combination	
	Type of Combination	
	Year & Make	
	Model	
	Registration No.	
	Engine / VIN No.	
	Sum Insured	
Finance Company	<input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, please advise Name: ..... Address: .....	
<b>Unit No. 3</b>	Type	
	GVM if Combination	
	Type of Combination	
	Year & Make	
	Model	
	Registration No.	
	Engine / VIN No.	
	Sum Insured	
Finance Company	<input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, please advise Name: ..... Address: .....	
<b>Unit No. 4</b>	Type	
	GVM if Combination	
	Type of Combination	
	Year & Make	
	Model	
	Registration No.	
	Engine / VIN No.	
	Sum Insured	
Finance Company	<input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, please advise Name: ..... Address: .....	
<b>Unit No. 5</b>	Type	
	GVM if Combination	
	Type of Combination	
	Year & Make	
	Model	
	Registration No.	
	Engine / VIN No.	
	Sum Insured	
Finance Company	<input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, please advise Name: ..... Address: .....	

<b>SRS Vehicle Listing – TRAILERS</b> (Please photocopy for additional units)		
<b>Unit No. 1</b>	<i>Type</i>	
	<i>Year</i>	
	<i>Model</i>	
	<i>Make</i>	
	<i>Length</i>	
	<i>Registration No.</i>	
	<i>Serial No.</i>	
	<i>Sum Insured</i>	
<i>Finance Company</i>	<input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, please advise Name: ..... Address: .....	
<b>Unit No. 2</b>	<i>Type</i>	
	<i>Year</i>	
	<i>Model</i>	
	<i>Make</i>	
	<i>Length</i>	
	<i>Registration No.</i>	
	<i>Serial No.</i>	
	<i>Sum Insured</i>	
<i>Finance Company</i>	<input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, please advise Name: ..... Address: .....	
<b>Unit No. 3</b>	<i>Type</i>	
	<i>Year</i>	
	<i>Model</i>	
	<i>Make</i>	
	<i>Length</i>	
	<i>Registration No.</i>	
	<i>Serial No.</i>	
	<i>Sum Insured</i>	
<i>Finance Company</i>	<input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, please advise Name: ..... Address: .....	
<b>Unit No. 4</b>	<i>Type</i>	
	<i>Year</i>	
	<i>Model</i>	
	<i>Make</i>	
	<i>Length</i>	
	<i>Registration No.</i>	
	<i>Serial No.</i>	
	<i>Sum Insured</i>	
<i>Finance Company</i>	<input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, please advise Name: ..... Address: .....	
<b>Unit No. 5</b>	<i>Type</i>	
	<i>Year</i>	
	<i>Model</i>	
	<i>Make</i>	
	<i>Length</i>	
	<i>Registration No.</i>	
	<i>Serial No.</i>	
	<i>Sum Insured</i>	
<i>Finance Company</i>	<input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, please advise Name: ..... Address: .....	