



# Railway Rolling Stock 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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Please print all answers to the questions below

This application is for  New Business  Renewal - Policy Number (if known) is: .....

**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. What is the Operation type:**

Freight Rail  Passenger Rail  Hobby Rail  Tourism / Museum

Other – please specify: .....

**4. Where is your base of operation** (where equipment is normally stored when not in use):

Street: .....

City / Town:..... State:..... Postcode: .....

**5. (i)** Please list all other depots (including shared arrangements): .....

.....  
 .....

**(ii)** Please list all Rail Transport Operators in shared arrangements:.....

.....  
 .....

**6. What are the routes usually travelled:**

<i>From</i>	<i>To</i>
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

**7. What is the estimated number of trips / moves per**

Day: ..... Week: ..... Year: .....

**8. Please provide the following information for Accumulation purposes:**

<i>Journey / Route</i>	<i>Max. Sum Insured Any one combined unit, any one journey</i>	<i>Max. Sum Insured any number of units, any one track</i>	<i>Max. Accumulation any one location or terminal</i>	<i>Purpose of Accumulation</i>

**9. Who are your clients and what type of freight is consigned** ("general" is not an acceptable answer):

<i>Client</i>	<i>Type of Freight</i>	<i>Percentage of Revenue</i>
.....	.....	.....%
.....	.....	.....%
.....	.....	.....%
.....	.....	.....%
.....	.....	.....%

**10. Dangerous or Hazardous Goods Declaration**

- (i) Please attach Material Safety Data Sheet for each product carried.
- (ii) List the Dangerous Goods carried and their classification:

<i>Product Name</i>	<i>Haz Chem Code #</i>	<i>DG Class</i>	<i>Sub. Class #</i>	<i>UN #</i>	<i>MSDS Label Attached</i>
					<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

**11. What is the line traffic on most travelled routes:**

<i>From</i>	<i>To</i>	<i>Shared Line</i>	<i>Likely Traffic</i>
.....	.....	<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	.....

**12. (i) Who owns the lines travelled?**

.....  
 .....

- (ii) Are there any Contractual Agreements in place?  Yes or  No  
 If Yes, please attached a copy.

**13. Business Management**

- (i) Do you have Risk Management plans in place?  Yes or  No  
 If Yes, please attach a copy.
- (ii) Do you have Workplace Health and Safety plans in place?  Yes or  No  
 If Yes, please attach a copy.

**14. Please advise the following details for EACH accident in the last 10 years:**

Place of Accident: .....

Cause: .....

Number of Units Involved: .....

What was the date of the accident? .....

Details of the Loss: .....

.....

Were you at fault?  Yes or  No

Was an Insurance Claim made:  Yes or  No

What was the cost of the claim / accident? \$ .....

Is the claim / accident finalised or active?  Finalised  Active

Who was the insurer at the time of the accident? .....

15. Please list or attach a Schedule of all Locomotives and Rolling Stock, listing type, age and value:

.....  
.....

16. Have you, or your business partners, directors or shareholders, ever:

- (i) Declared bankruptcy?  Yes or  No  
If Yes, please provide date: .....
- (ii) Been charged in breach of any section of the Transport Act 1983 and S129Y (Rail Safety) Regulations of 1998?  Yes or  No
- (iii) Been charged in breach of the Workplace Health and Safety Legislation, or equivalent, in your State or Territory?  Yes or  No
- (iv) Been convicted of criminal charges?  Yes or  No
- (v) Had or have criminal charges current or pending?  Yes or  No
- (vi) Driven under the influence of alcohol or drugs?  Yes or  No
- (vii) Had an insurance policy or claim cancelled or declined?  Yes or  No
- (viii) Operated this business under another name?  Yes or  No
- (ix) Introduced another business name to some of your existing rolling stock?  Yes or  No
- (x) Currently operate or have operated any other rail or transport fleets?  Yes or  No

If you have answered Yes to any of the above questions, please provide full details:

.....  
.....

17. What Sum Insured would you like: \$ .....

18. Please provide details of rolling stock storage facilities (including but not limited to constructions; details of storage of any highly flammable goods already advised in Question 10; details of any hazardous activities eg. welding; details of sprinklers, hydrants and hose reels; security precautions including outside of business hours; details of any unoccupancy.

.....  
.....  
.....

- 19. (i) Who is the holding underwriter on this account: .....
- (ii) Have you approached any London Broker or Market on this account?  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: .....