



Commercial Motor and
Mobile Equipment Insurance

Proposal Form



IMPORTANT NOTICES

Please read the following advice before completion of this Proposal Form. The persons whose interest are to be insured under this policy should understand the terms, definitions and cover provided by this policy.

YOUR 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 of – or could within reason be expected to know – that is relevant to the insurer’s decision in 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 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.

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 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.

NON DISCLOSURE

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

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

PRIVACY NOTICE

We are bound by the Privacy Act and its associated National Privacy Party Principals when we collect and handle your personal information.

We collect personal information in order to provide our services and products. We also pass it onto third parties involved in this process such as reinsurers, agents, loss adjusters and other service providers.

You can seek access to and, if necessary, correct your personal information by contacting our Privacy Officer.

When you give us personal or sensitive information about other individuals, we rely on you to have made or make them aware that you will or may provide their information to us, the purpose we use it for, the types of third parties that we disclose it to, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done either of these things, you must tell us before you provide the relevant information.

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 to this document 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.**



1. BROKER CONTACT DETAILS

Broker Name:	
Broker Address:	
Contact Name:	
Phone Number:	
Fax Number:	
Email Address:	

2. PROPOSED PERIOD OF INSURANCE

From:		To (4pm Local Standard Time):	
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3. INSURED DETAILS

Name of the Applicant / Insured:	
Trading Name of the Applicant / Insured:	
Name(s) of all Principals/Partners/Directors:	
Business Address:	
Postal Address:	
Contact Name:	
Phone Number:	
Fax Number:	
Email Address:	
Are you registered for GST purposes? Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify the Percentage amount of GST claimed: %
What is your ABN Number:	
Current Insurer:	
Description of Business (list all depots, including shared arrangements):	
Specify how many years have you been established in this business:	
Have you or any of your direct business partners, directors or shareholders:	
Been placed in bankruptcy, receivership or liquidation in the past 10 years?	YES <input type="checkbox"/> NO <input type="checkbox"/>

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Been convicted of any criminal charges?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have criminal charges pending?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Operated this business under another name, or introduced another Business name to some of your existing fleet vehicles?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Operate(d) any other transport fleets?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If the answer is YES to any of the above questions, please provide details below:		

4. OPERATIONS

Schedule of Vehicle(s)/ Equipment – please complete the attached Vehicle Listing.

Has any vehicle had its performance modified from the original manufacturer's specification?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If the answer is YES, please provide all details below:

Nature of Operations (please complete below):

Bricks, Blocks, Tiles	%	Sand, Gravel,	%	Livestock	%	Furniture	%
Courier, Parcel Express	%	Sawn Timber	%	Logs	%	Concrete	%
Dry Foodstuffs	%	Chilled Produce	%	Cars	%	Machinery	%
Refrigerated Goods	%	Unchilled Produce	%	Steel	%	Grain	%
Other – describe							%

Do you require Legal Liability cover for carriage of Hazardous Goods in excess of \$250,000?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If YES, what amount is required?	\$
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Trailer in Control:

(a) Is trailer in control legal liability required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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(b) Is trailer in control accidental damage cover required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If YES to either 2.7a or 2.7b above, please advise below:

What Sum per Unit is required:		No. Of Units :	
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Legal Liability:	Maximum value per trailer:	\$
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List the companies that own these trailers:



5. DRIVER INFORMATION

Number of Drivers aged under 25 years of age, or with less than 2 years driving experience.
Please provide the following information for each of these drivers:

Name of Driver	Vehicle being driven	Experience	Radius

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

i) Been convicted of or charged with Fraud, Arson or Theft or any other Criminal Act?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ii) Had an accident or loss, a vehicle stolen or made a claim under an insurance policy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
iii) Had any driving offence or traffic infringement fines (other than parking) or had a drivers licence cancelled or suspended?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
iv) Had any insurance declined or cancelled, been refused renewal of any Insurance or had special terms, conditions or excesses imposed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
v) Been convicted with driving with a Prescribed Concentration of Alcohol (PCA) above the limit, driving under the influence (DUI) or drug offence within the last 5 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
vi) Do any of the named Drivers suffer from any medical condition which could affect their driving performance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If the answer to question vi) is YES, please advise below:

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

Trucksafe and QA Programmes:

Are you a Member of Trucksafe or other relevant QA programmes? (Please list below if YES):

1.	Date Joined:	
2.	Date Joined:	
3.	Date Joined:	

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6. PREVIOUS INSURANCE DETAILS AND LOSSES
(all direct business partners, directors and shareholders)

Has any insurance ever been cancelled for non-payment of premium? **YES** **NO**

Has any company cancelled or refused to renew or accept any insurance policy? **YES** **NO**

If the answer to either of the above questions is YES, please provide details below (Company Name, Date and Reason):

Have you been insured under a Motor Vehicle policy in the last five years? **YES** **NO**

If YES to the above, please attach documentation of confirmation of the claims history.

Please provide below all details of motor insurance, and any losses during the past five years:

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

Do you require any of the below Endorsements to apply to your Policy?

(Please note these notes on Endorsements): Additional premium cost can apply
Endorsement is subject to HWI approval
Where HWI requires any of these Endorsements to apply, we will advise you

i) Tool of Trade Liability Extension **YES** **NO**

ii) Marine Load Extension **YES** **NO**

If the answer to ii) is YES, please note that you must complete a Marine Proposal Form.

DECLARATION AND AGREEMENT

You must read this before signing below:
SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE
 I/We agree to make the property to be insured by this policy available for inspection by HWI or their representatives.
 I/We acknowledge that no cover is provided unless and until Underwriters advise, in writing, of the cover and time period which they can provide. If the cover and terms are then accepted by the Insured, Underwriters are advised of the acceptance of their cover and terms offer, and HWI acknowledges to the Insured that Interim 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, abiding by our Duty of Disclosure.
 Where answer 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 that we have been clearly informed of and understand the effect of all of the Important Notices above.
 I/We authorise HWI 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 HWI to collecting, using and disclosing my/our personal information, including sensitive information if applicable, in accordance with the Privacy Statement and the HWI Privacy Policy.

Signature: _____ Date: _____

Name _____ Position: _____

You should keep a record (including copies of any letters) of all information supplied to underwriters for the purpose of entering into this insurance. A copy of your completed proposal will be available (on request) provided the insurance is effected.