



 **PRORISK**

Commercial Fleet Insurance

Proposal Form

COMPLETION OF THE PROPOSAL

- a) When providing answers, the term **Insured** shall mean the **Insured** and all subsidiary companies of the **Insured** for which cover is required.
- b) All sections of the **Proposal** need to be answered in full, together with providing any requested attachments.
- c) If there is insufficient space to fully answer any of the questions, then please provide separate and additional sheet/s with details.

IMPORTANT NOTICES:

YOUR DUTY TO TAKE REASONABLE CARE NOT TO MISREPRESENT

You have a duty to take reasonable care not to make any misrepresentation when entering into, varying, extending or renewing the **Policy**.

This means that it is essential that **You** respond to specific questions that **We** ask honestly and to the best of **Your** knowledge, including where **We** ask **You** to confirm or update information that **You** have previously given to **Us** when entering into, varying, extending or renewing the **Policy**.

To assist **You** with providing **Us** with honest and accurate responses to any questions **We** ask of **You**, **We** have endeavoured to ensure that any question **We** ask are clear and easy to understand. Further, where possible, **We** have also included examples of the types of responses **We** are looking for when asking a particular question.

If **You** are unclear of any particular question or would like **Us** to explain it to **You**, please get in touch with **Us** and **We** will explain this to **You**.

In determining whether **You** have fulfilled this duty to take reasonable care not to make a misrepresentation to **Us**, **We** will consider all of the relevant circumstances of a particular case. If **You** do not respond honestly and accurately to specific questions that **We** ask, **We** may (acting reasonably) cancel **Your** contract or reduce the amount **We** will pay **You** if **You** make a claim, or both. It is therefore vital that **You** be honest and specific in **Your** responses. If **Your** failure to tell **Us** is fraudulent, **We** will refuse to pay a claim and treat the **Policy** as if it never existed (this does not mean that **We** will refund any premiums that **You** have already paid).

PRIVACY

Privacy Collection Statement

Privacy legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information. **We** are bound by the Privacy Act 1988 (Cth), when collecting and handling **Your** personal information. **We** have developed a privacy policy which explains what sort of personal information **We** hold about **You** and what **We** do with it.

We will only collect personal information from or about **You** for the purpose of assessing **Your** application for insurance and administering **Your** insurance **Policy**, including any claims **You** make or claims made against **You**. **We** will only use and disclose **Your** personal information for a purpose **You** would reasonably expect.

We may need to disclose personal information to other entities within **Our** group, reinsurers (who may be located overseas mainly in the United Kingdom and European Union), insurance intermediaries, insurance reference bureaux, credit reference agencies, **Our** advisers, **Our** agents, **Our** administrators and those involved in the claims handling process (including assessors, investigators and others), for the purpose of assisting **Us** and them in providing relevant services and products, or the purpose of recovery or litigation. **We** may disclose personal information to people listed as co-insured on **Your** **Policy** and to family members or agents authorised by **You**. Disclosures may also be made to government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law. **We** will request **Your** consent to any other purpose by providing **Your** personal information to **Us**, **You** consent to **Us** making the disclosures set out above which require consent. This consent to the use and disclosure of **Your** personal information remains valid unless **You** alter or revoke it by giving **Us** written notice. Without **Your** personal information **We** may not be able to issue insurance cover to **You** or process **Your** claim.

You also have the opportunity to find out what personal information **We** hold about **You** and, when necessary, correct any errors in this information. Generally, **We** will do this without restriction or charge.

For further information about **Our** privacy policy or to access or correct **Your** personal information, please refer to the following websites:

- <https://www.hdi-specialty.com/int/en/legals/privacy>
- <http://www.armadaunderwriting.com.au/claims-disputes.html>
- <https://www.prorisk.com.au/privacy-policy/>

IMPORTANT NOTICE:

- Please answer all questions in full. Where appropriate, please tick the yes or no box that best indicates your reply.
- If there is insufficient space, please provide further details on your letterhead.
- All attached documents form part of this Proposal.

1. Period of insurance: From to at 4:00pm

Proposed Insured's Details

2. Name of Insured (including any Subsidiary Company to be included as a named Insured)

3. Is the insured registered for GST? No Yes ITC Percentage %

4. ABN

5. Date business established

6. Business address

Suburb/town State Postcode

7. Broker details

8. Business activities

Insurance History

9. Are **You** currently insured (or have been insured within the last 5 years)? No Yes

If **Yes**, please provide details.

| NAME(S) OF PREVIOUS INSURERS | POLICY NUMBER(S) | PERIOD INSURED |
|------------------------------|------------------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

10. Has any insurance company, in connection with this class(es) of insurance:

- a) Declined to accept a proposal from **You**? No Yes
- b) Cancelled a policy, contrary to **Your** wishes? No Yes
- c) Declined to renew a policy, contrary to **Your** wishes? No Yes
- d) Required higher premiums and/or higher excesses to insure **You**? No Yes

If **Yes** to any of 10, a), b), c) or d), please provide details.

Use of vehicle

11. Does **Your** fleet include vehicles other than passenger and light commercial vehicles < 2 tonnes? No Yes

If **Yes**, please continue, if **No** please proceed to the section titled *Drivers* (question 17, page 3).

12. Do **You** use or anticipate/intend to use any **Vehicle** (other than sedans/4WD's/utes/vehicles < 2 tonnes) outside a radius of 600kms from the **Vehicles** home base or depot? No Yes

If **Yes**, please provide details

a) Main destinations/cities Vehicles travel to / from

b) Operating radius and respective percentages

| OPERATING RADIUS | % OF OPERATIONS |
|------------------------|-----------------|
| Up to 250kms | % |
| Over 250kms to 600kms | % |
| Over 600kms to 1000kms | % |
| Over 1000kms | % |

13. For goods carrying Vehicles, indicate the nature of goods carried and the respective percentages.

Note: Details of any hazardous or Dangerous Goods are to be specifically provided.

14. Do **You** use or anticipate/intend to use any Contractors Plant & Equipment? No Yes

If **Yes**, please provide details, if **No** proceed to the section titled *Drivers* (question 17, page 3).

15. Is any work involved in underground mining, mining of beach/river sand, work in, on or around, under, or over water, bush clearing/forestry or crane operations? No Yes
 If **Yes** please provide details.

16. Is any Contractors Plant and Equipment let out on a 'dry' hire basis? No Yes
 If **Yes**, please provide details.

Drivers

17. When employing new drivers, do **You**:

a) Check their driving records for offences and accidents?..... No Yes

b) Check with their past employers as to their conduct, offences and accidents?..... No Yes

c) Ensure there is a minimum standard of competency in respect to **Employees** you employ? No Yes

18. Do or will **You** employ drivers under 25 years of age, or with less than 2 years' experience with the type of **Vehicle** they will control?..... No Yes
 If **Yes** please provide details.

19. Do **You** use or propose to use sub-contractor drivers? No Yes
 If **Yes** please provide details

Claims and/or loss experience

20. Please provide vehicle numbers and claims experience and/or uninsured loss experience over the last 5 years.

| PERIOD | VEHICLE NUMBERS | TOTAL FLEET VALUE | EXCESS LEVELS(S) | NUMBER OF CLAIMS | TOTAL PAID |
|------------------|-----------------|-------------------|------------------|------------------|------------|
| Current period | | \$ | \$ | | \$ |
| 1 year previous | | \$ | \$ | | \$ |
| 2 years previous | | \$ | \$ | | \$ |
| 3 years previous | | \$ | \$ | | \$ |
| 4 years previous | | \$ | \$ | | \$ |

21. Has any insurance company refused to meet a claim lodged by **You** or any person named as the Insured herein, in respect of this class of insurance? No Yes
If **Yes**, please provide details.

22. Has any insurance company succeeded in denying a claim lodged by **You** or any person named as the Insured herein, on the grounds of non-disclosure, misrepresentation and/or fraud, in respect of any class of insurance No Yes
If **Yes**, please provide details.

23. After investigation, are there any circumstances of which **You** are aware which could give rise to a claim under this Policy and which is not mentioned above? No Yes
If **Yes**, please provide details.

General questions

24. Do **You** have, or intend to have, any additional insurance with any other insurer in connection with **this** class of insurance in respect of the same property or risk as **You** are now proposing? No Yes
If **Yes**, please provide details.

25. Are there, or are there likely to be, any circumstances connected with **Your** particular business, property, occupancy, occupation and activities which would lead **You** to believe that the insurance company might be more exposed to loss than is usual for that type of trade or business? No Yes
If **Yes**, please provide details.

26. Have **You**, or to the best of **Your** knowledge, has any other person with an insurable interest in the property or risk proposed to be insured, ever been convicted of an offence relating to the theft of property or money or fraud? No Yes
If **Yes**, please provide details.

27. Have **You**, or a business **You** were/are associated in, been bankrupt, in liquidation, or entered into a scheme of arrangement, or had a default judgement entered against **You**? No Yes
If **Yes**, please provide details.

Declaration

In accordance with my / our duty to take reasonable care not to misrepresent , I / We declare that the whole of these answers in the **Proposal** are true, that I / We have withheld no information whatsoever that might tend in any way to increase **Insurers'** risk, or to influence its decision regarding this information; and that I / We have not proposed for insurance in excess of the actual value of the **Vehicles** described. I / We undertake to exercise care, and reasonable precautions for the safety of the said **Vehicles**. I / We agree that this **Proposal**, any completed Questionnaire and Declaration shall be the basis of the contract between me / us and the **Insurer**.

I / We further agree that if this **Proposal**, in any part is filled in by any other person, such person shall be deemed my / our agent(s) and not the agent of the **Insurer**.

Name:

Position:

Signature:

Date: