

Commercial Fleet Proposal & Questionnaire

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 OF DISCLOSURE

Before **You** enter into an insurance contract, **You** have a duty of disclosure under the Insurance Contracts Act 1984.

The Act imposes a different duty when **You**:

- enter into the **Policy** with **Us** for the first time;
- renew **Your Policy**; and
- **You** vary, extend or reinstate **Your Policy**.

This duty applies until (as applicable) **We** first agree to insure **You**, or **We** agree to any variations, extensions, reinstatements or renewal.

DUTY OF DISCLOSURE WHEN APPLYING FOR THIS POLICY

If **We** ask **You** questions that are relevant to **Our** decision to insure **You** and on what terms, **You** must tell **Us** anything that **You** know and that a reasonable person in the circumstances would include in answering the questions.

You have this duty until **We** agree to insure **You**.

DUTY OF DISCLOSURE ON RENEWAL OF YOUR POLICY

If **We** ask **You** questions that are relevant to **Our** decision to insure **You** and on what terms, **You** must tell **Us** anything that **You** know and that a reasonable person in the circumstances would include in answering the questions.

Also, **We** may give **You** a copy of anything **You** have previously told **Us** and ask **You** to tell **Us** if it has changed. If **We** do this, **You** must tell **Us** about any change or tell **Us** that there is no change.

If **You** do not tell **Us** about a change to something **You** have previously told **Us**, **You** will be taken to have told **Us** that there is no change.

You have this duty until **We** agree to renew the contract.

DUTY OF DISCLOSURE WHEN VARYING, EXTENDING OR REINSTATING YOUR POLICY

If **You** have already entered into a **Policy** and **You** are proposing to vary, extend or reinstate the **Policy** **Your** duty of disclosure changes. **You** have a duty to tell **Us** of anything that **You** know, or could reasonably be expected to know, which may affect **Our** decision to insure **You** and on what terms. If **You** are not sure whether something is relevant **You** should inform **Us** anyway.

IF YOU DO NOT TELL US SOMETHING

If **You** do not tell **Us** anything **You** are required to, **We** may cancel **Your** contract or reduce the amount **We** will pay **You** if **You** make a claim, or both.

If **Your** failure to tell **Us** is fraudulent, **We** may refuse to pay a claim and treat the **Policy** as if it never existed.

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/>

A) Period of Insurance

Period of Insurance: From / / to / / at 4pm

B) Proposed Insured

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

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Is the Insured registered for GST? Yes/No ITC Percentage.....

ABN:.....

Date business established / /

Business address

Broker details

Business activities

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C) Insurance history

Are **You** at present insured (or have been insured within the last 5 years)? Yes / No
 If 'Yes', please provide details below

Name(s) of previous insurer(s)	Policy Number(s)	Period insured

Has any insurance company in connection with this class of insurance:

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

If 'Yes', please provide details

D) Use of Vehicle

Does **Your** fleet include vehicles other than passenger & light commercial vehicles < 2 tonnes? Yes / No
 If 'Yes', please continue, otherwise please proceed to the heading E) Drivers

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? Yes / No

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%

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

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Do **You** use or anticipate/intend to use any Contractors Plant & Equipment? Yes / No
 If 'Yes', please provide details, otherwise proceed to the heading E) Drivers

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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? Yes / No
 If 'Yes', please provide details

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

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E) Drivers

When employing new drivers do **You**:

- (a) Check their driving records for offences and accidents? Yes / No
- (b) Check with their past employers as to their conduct, offences and accidents? Yes / No
- (c) Ensure there is a minimum standard of competency in respect to **Employees** you employ? Yes / No

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? Yes / No
 If "Yes" please provide details

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

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F) Claims and/or loss experience

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

Period	Vehicle Numbers	Total Fleet Value	Excess Level(s)	Number of Claims	Total Paid
Current period					
1yr ago					
2 yrs ago					
3 yrs ago					
4 yrs ago					

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? Yes / No

If 'Yes', please provide details

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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? Yes / No

If 'Yes', please provide details

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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? Yes / No

If 'Yes', please provide details

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G) General questions

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? Yes / No

If 'Yes', please provide details

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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? Yes / No

If 'Yes', please provide details

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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? Yes / No

If 'Yes', please provide details

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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**? Yes / No

If 'Yes', please provide details

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H) Declaration

In accordance with my / our duty of disclosure, 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
X	/ /


