

Transport Operators Insurance Application



QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545

Policy Number

Client Number

Intermediary Number

Please answer each question on behalf of ALL PEOPLE TO BE INSURED.
 If you need more space to answer questions, attach a separate sheet and sign it.
 This form can be used for all goods carrying vehicles where Marine Carriers or Liability cover is selected.
 Excesses will vary according to the type of vehicle.

The applicant/s

Name(s) of the registered owner(s) of the vehicles (known as the insured)						
Surname		Given name(s)				
<input type="text"/>		<input type="text"/>				
<input type="text"/>		<input type="text"/>				
<input type="text"/>		<input type="text"/>				
Tax status	<input type="text"/>	ABN	<input type="text"/>	Taxable %	<input type="text"/>	
Address of registered owner	<input type="text"/>					
	<input type="text"/>			State	<input type="text"/>	Postcode
Postal address for notices	<input type="text"/>					
	<input type="text"/>			State	<input type="text"/>	Postcode
Nature of insured's business						
Contact phone numbers	Private	<input type="text"/>	Business	<input type="text"/>	<input type="text"/>	
Period of insurance (dd/mm/yyyy)	From	<input type="text"/>	to	<input type="text"/>	at 4 p.m	

Details of under 25 and over 80 year old drivers - if insufficient space please attach a sheet with the relevant information.

You must advise details on all drivers under the age of 25 or over the age of 80 who will drive any of the vehicles to be insured:

	Driver's full name(s) Surname	Given name(s)	Date of birth	Advise registration numbers of all vehicles these drivers will drive
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous experience - all sections - if insufficient space please attach a sheet with the relevant information.

In the last 5 years have you or any other person likely to drive these vehicles:

- | | | | |
|---|--|-----|----|
| 1. Had: | | Yes | No |
| (a) a claim, accident or car stolen or burnt (even if not reported or not claimed from an insurer)? | | Yes | No |
| (b) insurance refused, declined or cancelled by an insurer or any special conditions imposed? | | Yes | No |
| (c) a drivers or motorcycle licence cancelled, suspended or endorsed? | | Yes | No |
| 2. Been convicted or charged with: | | Yes | No |
| (a) drug use, driving under the influence, or exceeding prescribed concentration of alcohol? | | Yes | No |
| (b) any driving offences or speeding infringements (other than parking offences)? | | Yes | No |
| (c) fraud, arson, theft or any other criminal act? | | Yes | No |
| 3. Suffered from any physical or mental disability (excluding wearing of glasses/lenses)? | | Yes | No |

If you answered 'Yes' to any of the above questions please provide details below.

Name of driver	Date of incident	Details of each incident or act	Your insurer	Person at fault

4. Have you or any other person likely to drive these vehicles ever had a penalty imposed by a regulatory authority in relation to transport operations? Yes No

Name of person penalty awarded against			
Cost	\$	Date of Incident (dd/mm/yyyy)	
Details of Incident 1			
What have you done to prevent recurrence that gave rise to the penalty?			
Name of person penalty awarded against			
Cost	\$	Date of incident (dd/mm/yyyy)	
Details of Incident 2			
What have you done to prevent recurrence that gave rise to the penalty?			

Previous experience - all sections - if insufficient space please attach a sheet with the relevant information.

Name of person penalty awarded against			
Cost	\$	Date of Incident (dd/mm/yyyy)	
Details of Incident 3			

What have you done to prevent recurrence that gave rise to the penalty?

Name of person penalty awarded against			
Cost	\$	Date of Incident (dd/mm/yyyy)	
Details of Incident 4			

What have you done to prevent recurrence that gave rise to the penalty?

Name of person penalty awarded against			
Cost	\$	Date of Incident (dd/mm/yyyy)	
Details of Incident 5			

What have you done to prevent recurrence that gave rise to the penalty?

5. Is this a new venture or have you been trading for less than two (2) years? Yes No

Please enter details:

Date venture commenced (dd/mm/yyyy)	Details of experience prior to new venture

Section 1: commercial motor vehicle - details to be completed for all vehicles

		Vehicle 1
Type of Cover: Comprehensive (Comp) or Third Party Property Damage (TPPD)		
Make of vehicle e.g. Ford, Holden, Isuzu, Mack, Freightliner etc.		
Model or type e.g. Hino, FF177, Isuzu, NPR, etc.		
Year of manufacture		
Body style: e.g. van, pantech, tray, rigid, articulated etc.		
Registration number		
Engine or VIN number		
Accessories: Please list all accessories fitted to the vehicle that are non standard e.g. Bull bars, air conditioning. Attach list if necessary.		
Your estimate of the Vehicle's 'Market Value' including accessories		\$
If the vehicle has been 'modified', please advise details e.g. lowered, supercharged etc.		
If the vehicle is financed, please advise the type of finance e.g. lease, hire purchase, secured or unsecured bank loan		
Name and address of financier:		
Date of purchase of vehicle		
Price paid for the vehicle (excluding any trade-in or consumer credit insurance)		\$
If the vehicle is imported, has it an Australian Compliance Plate?		Yes No
Has the vehicle any existing damage, e.g. dents, scratches, rust or hail?		Yes No
If 'Yes', give details		
No Claim Discount entitlement (Confirmation of NCD must accompany the proposal)	%	
Name of the main driver		
Date of birth of main driver		
Licence details of main driver:	Licence number	
	Class of licence	
	No. of years this licence held	
Postcode where vehicle is parked at night		
How parked? e.g. in the street, garaged, etc.		
Goods carried		
Gross vehicle mass	Kg	
Occupation e.g. general freight carrier, sand and soil carrier, etc.		
Nature of work undertaken:		
Radius of operations: Vehicles over 3,500 kg gross vehicle mass are limited to 250 km radius unless radius increase is selected.		Km
Maximum speed of vehicle		Km/h
Section 2 - marine carriers		
Is cover required? (If selected, cover applies to all goods carrying vehicles excluding trailers)		Yes No
Limit per vehicle: \$500,000, \$750,000, \$1,000,000, \$2,000,000		\$
Limit per location: \$500,000, \$750,000, \$1,000,000, \$2,000,000		\$
Do you enter into contractual agreements?		Yes No
If 'Yes', please name the principal contractor(s)		
Section 3 - liability		
Is cover required? (If selected, cover applies to all goods carrying vehicles excluding trailers.)		Yes No
OFFICE USE ONLY		
Red book code (if applicable)	\$	
GST liability premium:	\$	
Premium - per vehicle before charges	\$	
Standard excess	\$	

Basis of settlement

For all vehicles the Basis of Settlement will be at our option to repair, reinstate or pay the amount of the loss of or damage to your vehicle plus standard accessories and those included on the schedule provided such payment does not exceed the market value at the time of the loss but limited to the amount shown on the Schedule for each vehicle.

Your duty of disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

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 contract as if it never existed.

Other Party's Interests

You must inform us of the interests of all parties (e.g. financiers, lessors) to be covered by this insurance. We will protect their interests only if you have informed us and we have noted them on the schedule.

Privacy

Our Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. When we say personal information we may also mean sensitive information such as health information, criminal history or professional memberships that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things. We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy at www.qbe.com.au/privacy, or to obtain a copy by phoning us on 133 723 or requesting it from our authorised representatives or service providers.

We may share your information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of Australia.

By giving us personal information you consent to us collecting, disclosing, storing and using it in accordance with our Privacy Policy. If you give us someone else's personal information you confirm you've obtained their consent to do so.

If you don't provide all of the personal information we've requested we may be unable to issue, administer or manage products or provide services.

Declaration and signature

Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants.

1. I/We have received a copy of the Policy Terms and Conditions.
2. I/We declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I/We authorise QBE to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.

Applicant's signature as owner(s)		Date (dd/mm/yyyy)	
of the vehicles to be insured		Date (dd/mm/yyyy)	

Office use only

Accepted by (Name)					Date (dd/mm/yyyy)	
	Premium payable	Fire Services Levy	GST	Stamp Duty	Total Amount Payable	
Commercial motor premium						
Marine carriers premium						
Liability premium						