

Heavy Motor Fleet Insurance Proposal Form



Insured Details

Name of Insured:

Other associated entities:

ABN:

Phone No:

Preferred contact person:

Period of insurance: / / to / /

How long have You been in business?

Have You changed trading names during the period You have been in business?
If so, what were Your last two trading names?

Policy Details

Who is Your current broker?

How long have they acted for You?

Who is Your current Insurer?

How long have You been insured with them?

When does Your current policy expire? / /

What is Your current policy premium structure?

Non adjustable premium Yes No

Premium adjusted on Burning Cost basis Yes No

Aggregate Excess Yes No

Claims Experience Discount (CED) terms Yes No

Your current and preferred excess structure:

	Current	Preferred
Prime Movers		
Rigids		
Trailers		
Cars		
Other Vehicles		
Each and every loss		

Your Business Profile

Which freight task/s best describe Your operation? Please indicate the percentage of each (totalling 100%)

Refrigerated _____ % Livestock _____ % General _____ % Earthworks _____ %

Car Carrying _____ % Containers _____ % Dangerous Goods (Packaged) _____ %

Dangerous Goods (Bulk) _____ %

If You undertake refrigerated operations, what freight do You mainly carry?

If You undertake livestock operations, what do You mainly carry?

Where are Your depots located?

What is the maximum value of Insured Vehicles at any one location at any one time?

Radius of operation % (totalling 100%) from Your base or depot:

0-300km _____ %

300-600km _____ %

600-1000km _____ %

1000+km _____ %

Vehicle Combinations: (please state how many of each combination You operate)

Combination	Number	Maximum Value
Rigid Trucks		
Semi Trailer (single articulated)		
B Doubles		
B Triples		
Road trains (Triple)		
Road trains (Quadruple)		

Please attach a copy of Your current fleet schedule.

Do You use any of Your Vehicles for the conveyance of passengers for hire fare or reward? Yes No

Do You use any of Your Vehicles in connection with motor trade, experiments or trials? Yes No

Do You use any of Your Vehicles for any motor sports including but not limited to rally driving, motor racing or competitive motor sport events? Yes No

Are any of Your vehicles unroadworthy? Yes No

Do You transport any Bulk Dangerous Goods (see PDS for details)? Yes No

Do You employ less than 20 employees either in a full time, part time or casual basis? Yes No

Does Your heavy motor fleet contain any Vehicles with a carrying capacity under 2 tonnes? Yes No

Do You use any of Your Vehicles for personal or private use? Yes No

Your Business Profile (cont.)

If you have ticked Yes to any of the above, please provide details.

Fleet growth: Please indicate the number of each combination for the preceding 3 years.

This Year Combination	Number
Rigid Trucks	
Semi Trailer (single articulated) B Doubles	
B Triples	
Road trains (Triple)	
Road trains (Quadruple)	

Last Year Combination	Number
Rigid Trucks	
Semi Trailer (single articulated) B Doubles	
B Triples	
Road trains (Triple)	
Road trains (Quadruple)	

Year Prior Combination	Number
Rigid Trucks	
Semi Trailer (single articulated) B Doubles	
B Triples	
Road trains (Triple)	
Road trains (Quadruple)	

What is the average length of employment for drivers?

Do You have Your own servicing and repair facilities? Yes No

Risk Management

Are You NHVAS accredited? Yes No Accreditation No:
(If yes, please indicate for which components: Mass, Maintenance and/or Fatigue)

Are You a member of a transport/trucking association? (If yes, please provide name) Yes No

Do Your trucks have satellite tracking or another type of tracking system? Yes No
(If yes, please indicate the type of tracking and who is responsible for monitoring it)

If yes, is it monitored continuously? (e.g. 24 hours per day 7 days per week) Yes No

Do Your trucks have an on-board camera system? Yes No

Do You have driver induction & training procedures? Yes No
(If yes, please indicate whether in-house or external provider)

Does Your company have driver manuals and driver daily checklist sheets? Yes No

Dangerous Goods

Do You carry any Dangerous Goods? Yes No

Class 1: Explosives	<input type="checkbox"/> Yes <input type="checkbox"/> No	Class 6.1: Toxic Substances	<input type="checkbox"/> Yes <input type="checkbox"/> No
Class 2: Gases	<input type="checkbox"/> Yes <input type="checkbox"/> No	Class 6.2 Infectious Substances	<input type="checkbox"/> Yes <input type="checkbox"/> No
Class 3: Flammable Liquids	<input type="checkbox"/> Yes <input type="checkbox"/> No	Class 7: Radioactive Material	<input type="checkbox"/> Yes <input type="checkbox"/> No
Class 4: Flammable Solids	<input type="checkbox"/> Yes <input type="checkbox"/> No	Class 8: Corrosive Substances	<input type="checkbox"/> Yes <input type="checkbox"/> No
Class 5: Oxidising Substances	<input type="checkbox"/> Yes <input type="checkbox"/> No	Class 9: Miscellaneous (If selected please provide full details below)	<input type="checkbox"/> Yes <input type="checkbox"/> No

What is the **maximum** number of Vehicle combinations on any given day carrying Dangerous Goods?

Placard/non placard _____ Flammable/non flammable _____

What limit of Dangerous Goods liability cover do you require?

\$1,000,000 _____ \$5,000,000 _____ \$10,000,000 _____

Claims Experience

Period	No. Claims	Cost of Claims
Year 1 (12 months)		
Year 2 (24 months)		
Year 3 (36 months)		
Year 4 (48 months)		
Year 5 (60 months)		
What was the largest single claim?		
Please attach claims history on underwriter letterhead.		

Please provide the details surrounding any individual losses greater than \$75,000

History

- Have You or Your directors been convicted of any criminal offences in the past 5 years? Yes No

- Have You, as an entity, been charged with any breach of any state’s Road Safety Vehicle Regulations? Yes No

- Have You ever had any insurance declined, cancelled or refused in the past? Yes No

- Have You operated under a different entity that has had any insurance declined, cancelled or refused in the past? Yes No

- Have You ever had an insurance claim rejected or declined? Yes No

- Have You ever withdrawn an insurance claim? Yes No

- Have You or any of Your directors ever been declared bankrupt, placed into liquidation or administration? Yes No

- Is there anything else that You need to tell us under Your Duty of Disclosure and/or Duty to take reasonable care not to make a Misrepresentation? Yes No

History (cont.)

If Yes to any of the above please provide details below:

IMPORTANT INFORMATION

DUTY OF DISCLOSURE AND DUTY TO TAKE REASONABLE CARE NOT TO MAKE A MISREPRESENTATION

When Applying for this Policy

The duty of disclosure applies until (as applicable) when We first agree to insure You, or We agree to any variations, extensions, reinstatements or renewal. 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.

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, 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 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.

In the event, that You wholly or predominately use Your Vehicle for personal, domestic or household purposes, then the duty that applies to You under *Insurance Contracts Act 1984* (Cth), is the duty to take reasonable care not to make a misrepresentation when answering Our questions. You must take reasonable care not to make a misrepresentation to Us. This responsibility applies until We issue You with a Policy for the first time or agree to renew, extend, vary/change, or reinstate Your Policy.

You must answer Our questions honestly, accurately and to the best of Your knowledge. A misrepresentation includes a statement that is false, partially false, or which does not fairly reflect the truth. It is not misrepresentation if You do not answer a question or if Your answer is obviously incomplete or irrelevant to the question asked.

The responsibility to take reasonable care not to make a misrepresentation applies to everyone who will be insured under the policy. If You are answering questions on behalf of anyone, We will treat Your answers or representations as theirs.

Whether or not You have taken reasonable care not to make a misrepresentation is to be determined having regard to all relevant circumstances, including the type of insurance, who it is intended to be sold to, whether You are represented by a broker, Your particular characteristics and circumstances of which We are aware of.

If You do not meet this duty, We may reject or not fully pay Your claim and/or cancel Your Policy. If the misrepresentation was deliberate or reckless, this is an act of fraud, and We may treat Your Policy as if it never existed.

When you renew 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.

In the event, that You wholly or predominately use Your Vehicle for personal, domestic or household purposes, then the duty that applies to You under *Insurance Contracts Act 1984* (Cth), is the duty to take reasonable care not to make a misrepresentation.

By law, you must take reasonable care not to make a misrepresentation. This means before renewal, you must review this information and tell us if anything is inaccurate or if there have been any changes. Some types of changes may impact our offer of renewal terms.

If you don't tell us about anything that has changed, or if any of the information is misleading, incomplete, inaccurate or fraudulent we may reduce or not pay a claim, cancel your policy or treat it as if it never existed.

If Our information or questions are unclear, You can contact Us on (02) 9227 8400 or visit www.hmia.com.au

AGENT OF THE INSURER

In accordance with the requirements of the Corporations Act 2001, HMIA in arranging or effecting this insurance, or dealing with or settling claims, will be acting under an authority given to it by HDI Global Specialty SE - Australia. Accordingly, HMIA will be acting as an agent of the Insurer and not an agent of the Insured.

PRIVACY

Privacy legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information. HMIA has developed a Privacy Policy which explains what sort of personal information We hold about You and what We do with that information.

To obtain a copy of HMIA's or the Insurer's Privacy Policy, please contact Us or visit Our website, www.hmia.com.au

COMPLAINTS & DISPUTES RESOLUTION

If You have any complaints about the products or services provided to You, We have a complaints and internal dispute resolution process to try and resolve them as quickly as possible. Please contact Us and tell Us about Your complaint.

CHANGE OF RISK OR CIRCUMSTANCES

It is vital that You provide Us with notification of any changes in Your risk portfolio or other circumstances occurring during the period of insurance which may be relevant to the terms and conditions of this insurance, including but not limited to changes in business activities and acquisitions.

DUTY OF UTMOST GOOD FAITH

Every insurance contract is subject to the duty of utmost good faith, which requires both the Insured and the Insurer to act towards each other in utmost good faith. Failure to do so on the part of the Insured may prejudice any claim made under the Policy or the continuation of insurance cover by the

Heavy Motor Fleet Insurance Proposal Form



Declaration

I/we acknowledge and declare that:

1. I/we have received or have been offered a copy of the Financial Services Guide and Product Disclosure Statement and Policy Wording;
2. I/we have read the information concerning the Duty of Disclosure / Duty to take reasonable care not to make a Misrepresentation and other Important Information;
3. I/we have been truthful and accurate in completing this form and declaration and have not withheld any information likely to affect the terms of the acceptance of this insurance by the Insurer;
4. I/we have completed this form personally or, if it has been completed on my/our behalf, have checked that the questions have been fully and accurately answered;
5. Upon acceptance, the terms and conditions of this insurance will be in accordance with the Product Disclosure Statement, Policy Wording and Schedule;
6. I/we have read and understood the Privacy information and consent to the collection, storage use and disclosure of any personal information;
7. An occurrence during the period of insurance which alters any of the information provided will be promptly notified;
8. If I/we have not complied with the Duty of Disclosure, Duty to take reasonable care not to make a Misrepresentation and Duty of Utmost Good Faith, a claim made under the Policy may not be met or only met in part;
9. I/we acknowledge and declare that the terms of the contract I/we have been provided are expressed in reasonably plain language, are legible and are presented clearly. I have made all enquiries necessary to confirm that the terms of the contract are appropriate to my/our circumstances.

Signature _____ Date _____

Name (Print) _____

Position _____