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Logging Questionnaire

IMPORTANT INFORMATION - PLEASE READ BEFORE COMPLETING THIS FORM

Your Duty of Disclosure

Before You enter into a contract of insurance with Us, You have a duty under the Insurance Contracts Act 1984 to disclose to Us every matter that You know, or could reasonably be expected to know, is relevant to Our decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to Us before You renew, extend, vary or reinstate the contract.

This Duty of Disclosure applies until the contract is entered into (or renewed, extended, varied or reinstated as applicable). We may provide further information on Your duty prior to any renewal, extension, variation or reinstatement.

Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by Us; or
- that is of common knowledge; or
- that We know or, in the ordinary course of Our business as an insurer, ought to know; or
- as to which compliance with Your duty is waived by Us.

General Insurance Code of Practice

The Insurance Council of Australia has produced the General Insurance Code of Practice with the purpose of raising the standards of practice and service in the general insurance industry. We support the standards set out in the Code. A copy of this Code is available on our website at www.gtins.com.au or from the Insurance Council of Australia's website at www.ica.com.au

Subrogation

You may prejudice your rights in relation to a claim made under this policy if without prior agreement from us, you make an agreement with a third party that will prevent us from recovering a loss from that or another party.

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 Insurer.

Change of Risk or Circumstance

It is vital that you provide us with notification of any changes in your risk profile which may be relevant to the terms and conditions of this insurance. This is including but not limited to changes in business activities and acquisitions which occur after the date of the Declaration.

Privacy Notice

The personal and sensitive information collected in this form, and other information you or third parties provide in connection with this insurance, will be used to provide and offer our products and services, including the processing and settlement of claims, compiling and analysing data, and resolving disputes. If you do not provide this information to us we may not be able to provide these products and services.

We may have to disclose your personal and other information to third parties who assist us in providing our products and services, including other insurers, intermediaries, health service providers, investigators, assessors and loss adjusters, external insurance data collectors, our advisors and service providers, related companies, dispute resolution, statutory or regulatory bodies, or as required by law.

You have the right to seek access to your personal information and to correct it at any time. For information about how you may access and request correction of personal information we hold about you, or complain about a breach of the Australian Privacy Principles, please see our privacy policy available at www.gtins.com.au or contact us on (02) 9966 8820 EST 9am-5pm, Monday-Friday.

The Insurer

Allianz Australia Insurance Limited (incorporated in Australia); ABN 15 000 122 850; AFS Licence No. 234708 of 2 Market Street Sydney, 2000.

The Underwriting Agency

Global Transport & Automotive Insurance Solutions Pty Ltd (GT Insurance); ABN 93 069 048 255; AFSL No. 240714, of Level 6, 55 Chandos Street, St Leonards, 1590, is an underwriting agency which specialises in arranging insurance in respect of motor vehicles. GT Insurance acts as an agent of the Insurer to market, solicit, offer, arrange and administer the insurance and has a binding authority to deal with or settle claims on their behalf.

Completing this Form/Questionnaire:



1. This questionnaire must be completed in full if your business activities involve logging.
2. This form may be completed electronically or it can be printed and completed in hand writing.
2. If more space is required when completing this form, please attach a separate sheet.
3. The use of the term "You" or "Your" in this form refers to an Insured and their subsidiary companies and other entities in which they have a controlling interest.
4. The use of the term "We", "Us" or "Our" in this form refers to the Insurer and its Underwriting Agency.
5. It is important to refer to the relevant Product Disclosure Statement and Policy Wording which sets out the terms and conditions of cover offered.
Please contact your local GT Insurance office or speak to your Intermediary.

Section 1. Your Contact Details

Business Name/s & Trading Name/s

Previous Business Name/s & Trading Name/s (if applicable)

Main Trading Company ABN

Australian Business Number (11 digits)

Website

Main Business/Depot Address

Suburb

Post Code

State or Territory

NSW

ACT

QLD

VIC

SA

WA

TAS

NT

Do you operate from any other depots/locations?

Yes

No

If Yes, please provide the following:

Other Address

Suburb

Post Code

State or Territory

NSW

ACT

QLD

VIC

SA

WA

TAS

NT

Section 2. Your Business Details

Description of Your business / occupation

How long has the business been in operation?

Specify number of Years or select if New Venture

Total number of Office / Management Staff

Please provide details of your current contracts

Location	State Forest Controlled? (Yes or No)	Maximum Value of Vehicles (\$)	Percentage of Softwood (%)	Percentage of Hardwood (%)
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Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Please provide details of all other fire fighting equipment which is on site:

How often is fire training provided?

Specify in months

Please provide details of fire safety measures:

	Yes	No
Do you have a documented Fire Safety Procedures Manual?		
Are operators required to inspect for signs of fuel or hydraulic system leakage before starting the machine?		
Are operators required to stay with the machine for at least 15 minutes after shut down?		
Can the machines be removed from site quickly in the event of a bush fire?		
Do "locked" fuel caps protect fuel tanks from vandalism?		
Do "locked" caps protect hydraulic systems from vandalism?		
Do you have any other security measures in place? If Yes, please provide details below:		

Section 5. Trucking Vehicles

Please provide the following details for vehicles involved in transporting:

Location	Destination	Distance (kms)	Number of Trucks	Frequency of trips per day
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Is each of your vehicles equipped with the following:

	Yes	No
A disposable camera or dashcam?		
Accident procedures?		
Fire extinguishers?		
First aid kit?		
A load restraints guide?		
A company route guide?		
A company procedures guide?		
Working cruise control?		
Satellite/GPS tracking systems?		
If yes, are these systems used to measure driver performance and speed?		

Are drivers subjected to:

	Yes	No
Periodic medicals?		
Drug & alcohol testing?		
Licence checks?		

Forest roads:

	Yes	No
Do the forest roads have suitable places or are wide enough to allow for passing?		
Are they open to the public?		

Section 6. Servicing & Maintenance

What is the schedule of maintenance for: Plant

Trucks

Specify in weeks

How frequently do operators clean the engine bays of harvesting equipment?

How often are fixed fire suppression systems serviced?

How often is harvesting equipment degreased or steam cleaned to remove oils, fuels and grease?

How often are forestry roads inspected and maintained?

Section 7. Declaration

This declaration applies to all the insurances being applied for. I acknowledge and declare that:

1. I have been truthful and accurate in completing this form and declaration and have not withheld any information likely to affect the terms or the acceptance of this insurance by the Insurer;
2. I have completed this form personally or, if it has been completed on my behalf, have checked that the questions have been fully and accurately answered;
3. If there is more than one Insured and all have not signed this application, I acknowledge that I am authorised to sign for and on behalf of the other Insured(s).
4. I have read and understood the Privacy Notice above and consent to the collection, storage, use and disclosure of any personal information.

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I agree? Yes

Completed by name

Date of declaration (dd/mm/yyyy)
.....

Global Transport & Automotive Insurance Solutions Pty Ltd trading as GT Insurance
ABN 93 069 048 255; AFSL No. 240714

Head Office: Level 6, 55 Chandos Street, St Leonards NSW 1590 Australia
PO Box 507 St Leonards, NSW 1590 Australia

Sydney	Newcastle	Albury	Melbourne	Brisbane	Townsville	Darwin	Perth	Adelaide	Auckland	Christchurch
02 9966 8820	02 4920 8698	02 6023 5308	03 8623 2666	07 3210 0666	07 4779 5178	08 8981 7510	08 9324 1963	08 8232 7645	09 377 4143	03 421 8930
