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Dangerous Goods 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 vehicle/s is involved in the transportation of Dangerous Goods as classified in the Australian Code for the Transport of Dangerous Goods by Road and Rail (refer below)
2. This form may be completed electronically or it can be printed and completed in hand writing.
3. If more space is required when completing this form, please attach a separate sheet.
4. 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.
5. The use of the term "We", "Us" or "Our" in this form refers to the Insurer and its Underwriting Agency.
6. 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.

The Australian Code for the Transport of Dangerous Goods is summarised in the following classes:

Class 1: Explosives

- 1.1: Substances and articles which have a mass explosion hazard
- 1.2: Substances and articles which have a projection hazard but not a mass explosion hazard
- 1.3: Substances and articles which have a fire hazard and either a minor blast hazard or a minor projection hazard or both, but not a mass explosion hazard
- 1.4: Substances and articles which present no significant hazard
- 1.5: Very insensitive substances which have a mass explosion hazard
- 1.6: Extremely insensitive articles which do not have a mass explosion hazard

Class 2: Gases

- 2.1: Flammable gases
- 2.2: Non-flammable, non-toxic gases
- 2.3: Toxic gases

Class 3: Flammable liquids

Class 4: Flammable solids; substances liable to spontaneous combustion; substances which, on contact with water, emit flammable gases

- 4.1: Flammable solids, self-reactive substances and solid desensitised explosives
- 4.2: Substances liable to spontaneous combustion
- 4.3: Substances which in contact with water emit flammable gases

Class 5: Oxidising substances and organic peroxides

- 5.1: Oxidising substances
- 5.2: Organic peroxides

Class 6: Toxic and infectious substances

- 6.1: Toxic substances
- 6.2: Infectious substances

Class 7: Radioactive material

Class 8: Corrosive substances

Class 9: Miscellaneous dangerous substances and articles, including environmentally hazardous substances.

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*

Section 3. Your Insurance History

Please provide the following:

Have You or any persons applying for this insurance:

Had any insurer decline any claim or proposal, cancel or refuse to renew a policy or impose special terms, conditions or restrictions on a policy? Yes No

Been convicted of or had any fines or penalties imposed for any crime involving drugs, dishonesty, arson, theft, fraud or violence against any person or property in the last 10 years? Yes No

Been placed in bankruptcy, receivership or liquidation in the last 10 years? Yes No

If Yes, to any of Section 3.above, please provide details:

Section 4. Loss History

a. Have you ever made a claim for loss, damage and/or liability involving Dangerous Goods? Yes No

b. Please provide details of any claims referred to in Section 4. a. above (written confirmation from Insurers is required) as well as details of any uninsured losses involving Dangerous Goods. If the space provided is insufficient, please attach a separate schedule identified as "Dangerous Goods Loss History"

Date of Loss	Insured or Uninsured?	Details of Claim or Uninsured Loss	Total Cost (\$)	Excess (\$)
	Yes			
	No			
	Yes			
	No			
	Yes			
	No			
	Yes			
	No			
	Yes			
	No			

Section 5. Vehicle Details

Please provide the following details for each vehicle used to carry Dangerous Goods. If the space provided is insufficient, please attach a separate schedule identified as "Vehicles used to carry Dangerous Goods".

Year	Make	Model	Registration Number
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Yes
No

c. Please describe how the Dangerous Goods are carried:

Receptacle	% of Dangerous Goods
IBC	
ISO Container	
Shipping Container	
Tank / Tanker	
Gas Bottles	
Tip Truck / Trailer	
Other	Please specify

d. Where are the Dangerous Goods carried to and from? If the space provided is insufficient, please attach a separate schedule identified as "Dangerous Goods carried to and from".

Location From	Destination
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e. Please provide the name of your Dangerous Goods Emergency Responder

f. What arrangements do you have in place to deal with a spill or escape of the Dangerous Goods?

g. Please confirm the following:

	Yes	No
Are your drivers licensed to carry Dangerous Goods?		
Do you have a dedicated Risk Manager?		
Do you have a documented procedures manual?		
Are drivers subject to periodic medicals?		
Are drivers subject to drug and alcohol testing?		

h. Are your vehicles fitted with:

Telematics device? Yes No

If "Yes", please provide details of how you use the system information:

GPS tracking device?

Yes No

If "Yes", what system is in use?

GPS tracking device which is also used to monitor drivers for speeding and issue speeding alerts?

Yes No

A disposable camera or dashcam?

Yes No

Fire extinguishers?

Yes No

First Aid Kit?

Yes No

A load restraints guide?

Yes No

A company route Guide?

Yes No

Working cruise control?

Yes No

Section 7. Declaration

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

- 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;
- 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;
- 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).
- I have read and understood the Privacy Notice above and consent to the collection, storage, use and disclosure of any personal information.

I agree? Yes

Completed by name

Date of declaration (dd/mm/yyyy)