



Declaration for Carriers Transit Liability & Public & Products Liability

IMPORTANT INFORMATION - PLEASE READ BEFORE COMPLETING THIS FORM

VR.AUDEC_09_15_1.0

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/Declaration:



1. Please complete all sections in full and provide any requested attachments.
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 Details

a. Insured Name/s *Name of policyholder/s*

b. GT Insurance Policy Number (if applicable)

Carriers Transit: *GT Insurance Carriers Transit policies typically begin with AMA or CMB.
For example: AMA12345678, CMB12345678*

Public & Products Liability: *GT Insurance Public & Products Liability policies typically begin with PUB or CMB
For example: PUB12345678 OR CMB12345678*

Period of Insurance Effective Date from: to Expiry Date: at 4:00pm

Section 2. Public and Products Liability

Cover Required? Yes No If Yes, proceed to Section 2.a. If No, proceed to Section 3.

a. Select Limit of Indemnity \$5,000,000 \$10,000,000 \$15,000,000 \$20,000,000

Property in Physical or Legal Control \$25,000 \$50,000 (standard) \$75,000 \$100,000

Underwriting Information:

b. Actual Turnover for the last 12 months (\$)

Estimated Turnover for the next 12 months (\$)

Current number of Powered Units

c. Are you a Road Freight Operator? Yes No If "Yes", please provide details of goods carried:

d. Are you a Bus or Coach Operator? Yes No If "Yes", do you conduct more than 25% general charter or tour work? Yes No

e. Are you involved in warehousing/storage? Yes No If "Yes", please provide the details of goods stored:

Value of Goods Stored (\$) % of turnover derived from warehousing/storage

f. Do you engage in any other activities besides those described in Section 2. c. d. or e. above? Yes No If "Yes", please provide the following:

Description of such other activities

% of turnover derived from such other activity

g. Number of locations / depots Is there fuel storage or fuel bowser on the premises? Yes No

h. Is indemnity cover required for Contract drivers? Yes No If "Yes", confirm the value of payments to Contract drivers per annum (\$)

Is cover for injury to Contract drivers required? Yes No If "Yes", provide number of Contract drivers

i. Are you aware of any circumstances or incidents which may give rise to a claim that are not yet reported to Insurers? Yes No

If "Yes", please provide details:

j. Are you aware of any material factors that have changed in the last policy period that may influence the insurers perception of the risk? Yes No

If "Yes", please provide details:

Section 3. Carriers Transit

Cover Required? Yes No If Yes, proceed to Section 3.a. If No, proceed to Section 4.

a. Do you issue a consignment note for goods carried? Yes No If Yes, please ensure a copy of the consignment note is attached and proceed to Section 3.b (i). If No, proceed to Section 3.b (ii).

Reminder: Part A (Carriers Legal Liability) is subject to the use of declared terms and conditions of cartage. If you have changed your terms and conditions from those originally declared to us then these must be submitted to us prior to any renewal.

b. (i) Coverage Options if answered 'Yes' to Section 3.a. (select one) (ii) Coverage Options if answered 'No' to Section 3.a. (select one)

PART A - Legal Liability Only OR PART B - Accidental Damage only OR

PART A & B - Legal Liability & Accidental Damage OR PART C - Specified Perils only

PART A & C - Legal Liability & Specified Perils OR

Please complete **PART A**, **PART B** and/or **PART C** based on your coverage Options selected in Section 3.b. above.

PART A - LEGAL LIABILITY

Please indicate if you carry any of the goods below. If Yes, please provide details:

	Actual Gross Freight Earnings Last 12 months	Estimated Gross Freight Earnings next 12 months	Sum Insured required (\$)	No. of powered units at the beginning of Policy Period
General Cargo				
Yes No				

	Actual Gross Freight Earnings Last 12 months	Estimated Gross Freight Earnings next 12 months	Sum Insured required (\$)	No. of powered units at the beginning of Policy Period
Refrigerated Cargo				
Yes No				

	Actual Gross Freight Earnings Last 12 months	Estimated Gross Freight Earnings next 12 months	Sum Insured required (\$)	No. of powered units at the beginning of Policy Period
Livestock				
Yes No				

	Actual Gross Freight Earnings Last 12 months	Estimated Gross Freight Earnings next 12 months	Sum Insured required (\$)	No. of powered units at the beginning of Policy Period
Motor Vehicles / Plant				
Yes No				

Do you carry prestige cars? e.g. BMW, Mercedes, Porsche, Ferrari Yes No If Yes, please provide details:

Hazardous Goods	Actual Gross Freight Earnings Last 12 months	Estimated Gross Freight Earnings next 12 months	Sum Insured required (\$)	No. of powered units at the beginning of Policy Period
Yes No				

Please provide the following details for all Dangerous Goods carried. If the space provided is insufficient, please attach a separate schedule identified as "Dangerous Goods carried".

Product Name	Class	Placarded? (Yes or No)	Typical Quantity Carried	Frequency Carried
		Yes		
		No		
		Yes		
		No		

PART B - ACCIDENTAL DAMAGE

Please indicate if you carry any of the goods below. If Yes, please provide details:

General Cargo	Actual Gross Freight Earnings Last 12 months	Estimated Gross Freight Earnings next 12 months	Sum Insured required (\$)	No. of powered units at the beginning of Policy Period
Yes No				

Refrigerated Cargo	Actual Gross Freight Earnings Last 12 months	Estimated Gross Freight Earnings next 12 months	Sum Insured required (\$)	No. of powered units at the beginning of Policy Period
Yes No				

Livestock	Actual Gross Freight Earnings Last 12 months	Estimated Gross Freight Earnings next 12 months	Sum Insured required (\$)	No. of powered units at the beginning of Policy Period
Yes No				

Motor Vehicles / Plant	Actual Gross Freight Earnings Last 12 months	Estimated Gross Freight Earnings next 12 months	Sum Insured required (\$)	No. of powered units at the beginning of Policy Period
Yes No				

Do you carry prestige cars? e.g. BMW, Mercedes, Porsche, Ferrari Yes No

Hazardous Goods	Actual Gross Freight Earnings Last 12 months	Estimated Gross Freight Earnings next 12 months	Sum Insured required (\$)	No. of powered units at the beginning of Policy Period
Yes No				

Please provide the following details for all Dangerous Goods carried. If the space provided is insufficient, please attach a separate schedule identified as "Dangerous Goods carried".

Product Name	Class	Placarded? (Yes or No)	Typical Quantity Carried	Frequency Carried
		Yes		
		No		
		Yes		
		No		

PART C - SPECIFIED PERILS

Please indicate if you carry any of the goods below. If Yes, please provide details:

General Cargo	Actual Gross Freight Earnings Last 12 months	Estimated Gross Freight Earnings next 12 months	Sum Insured required (\$)	No. of powered units at the beginning of Policy Period
Yes No				

Refrigerated Cargo	Actual Gross Freight Earnings Last 12 months	Estimated Gross Freight Earnings next 12 months	Sum Insured required (\$)	No. of powered units at the beginning of Policy Period
Yes No				

Livestock	Actual Gross Freight Earnings Last 12 months	Estimated Gross Freight Earnings next 12 months	Sum Insured required (\$)	No. of powered units at the beginning of Policy Period
Yes No				

Motor Vehicles / Plant	Actual Gross Freight Earnings Last 12 months	Estimated Gross Freight Earnings next 12 months	Sum Insured required (\$)	No. of powered units at the beginning of Policy Period
Yes No				

Do you carry prestige cars? e.g. BMW, Mercedes, Porsche, Ferrari Yes No

Hazardous Goods	Actual Gross Freight Earnings Last 12 months	Estimated Gross Freight Earnings next 12 months	Sum Insured required (\$)	No. of powered units at the beginning of Policy Period
Yes No				

Please provide the following details for all Dangerous Goods carried. If the space provided is insufficient, please attach a separate schedule identified as "Dangerous Goods carried".

Product Name	Class	Placarded? (Yes or No)	Typical Quantity Carried	Frequency Carried
		Yes		
		No		
		Yes		
		No		

c. Are you aware of any circumstances or incidents which may give rise to a claim that are not yet reported to Insurers? Yes No

If "Yes", please provide details:

d. Are you aware of any material factors that have changed in the last policy period that may influence the Insurers perception of the risk? Yes No

If "Yes", please provide details:

Section 4. 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 Information 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)*

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
