

PROPOSAL FORM

Driveline Transport Package Insurance
(Up to 9 units)



IMPORTANT INFORMATION - PLEASE READ BEFORE COMPLETING THIS FORM

DUTY OF DISCLOSURE

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).

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.

Non-disclosure

If You fail to comply with Your Duty of Disclosure, We may be entitled to reduce Our liability under the contract in respect of a claim, cancel the contract, or both.

If Your non-disclosure is fraudulent, We may also have the option of avoiding the contract from its beginning.

PRIVACY NOTICE

We give priority to protecting the privacy of Your personal information. We do this by handling personal information in a responsible manner and in accordance with the *Privacy Act 1988 (Cth)*. In this Privacy Notice, 'We', 'Our', 'Us' means Global Transport & Automotive Insurance Solutions Pty Ltd and Allianz Australia Insurance Limited trading as 'GT Insurance'.

How We collect Your personal information

We usually collect Your personal information from You or Your agents. We may also collect it from Our agents and service providers; other insurers and insurance reference bureaus; people who are involved in a claim or assist Us in investigating or processing claims, including third parties claiming under Your Policy, witnesses and medical practitioners; third parties who may be arranging insurance cover for a group that You are a part of; law enforcement, dispute resolution, statutory and regulatory bodies; marketing lists and industry databases; and publicly available sources.

Why We collect Your personal information

We collect Your personal information to enable Us to provide Our products and services, including to process and settle claims; make offers of Our products and services provided by Us, Our related companies, brokers, intermediaries and business partners and others that We have an association with that may interest You; and conduct market or customer research to determine those products or services that may suit You.

You can choose not to receive product or service offerings from Us (including product or service offerings from Us on behalf of Our brokers, intermediaries and/or Our business partners) or Our related companies by calling:

GT Insurance on (02) 9966 8820, EST 8.45am-5pm, Monday to Friday or by writing to GT Insurance, PO Box 1937, North Sydney, NSW 2059.

If You do not provide Your personal information We require, We may not be able to provide You with Our services, including settlement of claims.

Who We disclose Your personal information to

We may disclose Your personal information to others with whom We have business arrangements for the purposes listed in the paragraph above or to enable them to offer their products and services to You. These parties may include insurers, intermediaries, reinsurers, insurance reference bureaus, related companies, Our advisers, persons involved in claims, external claims data collectors and verifiers, parties that We have an insurance scheme in place with under which You purchased Your Policy (such as a financier or motor vehicle manufacturer and/or dealer). Disclosure may also be made to Government, law enforcement, dispute resolution, statutory or regulatory bodies, and industry databases or as required by law.

Disclosure overseas

Your personal information may be disclosed to other companies in the Allianz Group, business partners, reinsurers and service providers that may be located in Australia or overseas. The countries to which this information may be disclosed will vary from time to time, but may include Canada, Germany, New Zealand, United Kingdom, United States of America and other countries in which the Allianz Group has a presence or engages subcontractors. We regularly review the security of Our systems used for sending personal information overseas. Any information disclosed may only be used for the purposes of collection detailed above and system administration.

Access to Your personal information and complaints

You may ask for access to the personal information We hold about You and seek correction by calling:

GT Insurance on (02) 9966 8820 EST 8.45am-5pm, Monday to Friday, or by writing to Us at GT Insurance, PO Box 1937, North Sydney NSW 2059

Our Privacy Policy contains details about how You may make a complaint about a breach of the privacy principles contained in the *Privacy Act 1988 (Cth)* and how We deal with complaints. Our Privacy Policy is available at www.gtins.com.au and www.allianz.com.au

Telephone Call Recording

We may record incoming and/or outgoing telephone calls for training or verification purposes. Where We have recorded a telephone call, We can provide You with a copy at Your request, where it is reasonable to do so.

Your Consent

By providing Us with personal information You and any other person You provide personal information for, consent to these uses and disclosures until You tell Us otherwise. If You wish to withdraw Your consent, including for such things as receiving information on products and offers by Us or persons We have an association with, please contact Us.

GENERAL INSURANCE CODE OF PRACTICE

The General Insurance Code of Practice was developed by the Insurance Council of Australia to further raise standards of practice and service across the insurance industry. The Code Governance Committee (CGC) is an independent body that monitors and enforces insurers' compliance with the Code.

You can obtain more information on the Code of Practice and how it assists you by contacting Us. Contact details are provided below and on the back cover of the Product Disclosure Statement or Policy Document.

GT Insurance on (02) 9966 8820 EST 8.45am-5pm, Monday to Friday, or by writing to Us at GT Insurance, PO Box 1937, North Sydney NSW 2059

For more information on the Code Governance Committee (CGC) go to <https://insurancecode.org.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.

THE INSURER

Allianz Australia Insurance Limited (incorporated in Australia); ABN 15 000 122 850; AFS Licence No. 234708 of 10 Carrington Street Sydney, 2000.

THE UNDERWRITING AGENCY

Global Transport & Automotive Insurance Solutions Pty Ltd (trading as GT Insurance) AFS Licence No. 240714 ABN 93 069 048 255 of Level 3, Suite 3.01, 213 Miller Street, North Sydney, NSW 2060 is an underwriting agency which specialises in arranging insurance in respect of Motor Vehicles and Mobile Plant and related insurances. GT Insurance acts as the agent of Allianz to market, solicit, offer, arrange and administer the insurance.

GT Insurance has a binding authority to issue, vary and cancel contracts of insurance and to deal with or settle claims on behalf of Allianz. If You need information about this insurance in the first instance, contact GT Insurance.

COMPLETING THIS FORM/QUESTIONNAIRE:

- ✓ **Please complete all sections in full and provide any requested attachments.**
- ✓ **This form may be printed and completed in handwriting or it may be completed electronically as an interactive pdf with fillable form fields. If completing electronically, please download to your local computer and complete using Adobe Acrobat Reader (Fill & Sign tool).**
- ✓ **If more space is required when completing this form, please attach a separate sheet.**
- ✓ **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.**
- ✓ **The use of the term 'We', 'Our' or 'Us' in this form refers to the Insurer and its Underwriting Agency.**
- ✓ **It is important to refer to the relevant Product Disclosure Statement and Policy Document 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)

Main Trading Company ABN
Australian Business Number (11 digits)

Website

Main Business/Depot Address

Suburb Postcode

State or Territory NSW ACT QLD VIC SA WA TAS

Do you operate from any other depots/locations? Yes No If 'Yes', please provide the following:

Other Address

Suburb Postcode

State or Territory NSW ACT QLD VIC SA WA TAS

Section 2. Your Business Details

Description of Your business / occupation

How long has the business been in operation? *Specify number of Years* OR New Venture

Has the company been through a change of management in the last 12 months? Yes No

If 'Yes', please provide details:

Section 3. Your Insurance Details

Please provide the following:

a. Insurance Broker or Agent company name

Contact name/s

Contact number

Email

b. Current Insurer (if any)

Commercial Motor Vehicle

Public & Products Liability

Carriers Transit Liability

c. 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 in the last 5 years?	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 5 years?	Yes	No
Been placed in bankruptcy, receivership or liquidation in the last 5 years?	Yes	No

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

Section 4. Loss History

Please provide written details of any claims or uninsured losses (last 5 years) for all policy types referred to in Section 3.a. above. (Written confirmation from Insurers may be required) (Note: If insufficient space please attach details).

Class of Insurance	Date of Loss	Details of Claim	Total Cost (\$)	Excess (\$)
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(dd/mm/yyyy)

Class of Insurance	Date of Loss	Details of Claim	Total Cost (\$)	Excess (\$)
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(dd/mm/yyyy)

Class of Insurance	Date of Loss	Details of Claim	Total Cost (\$)	Excess (\$)
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(dd/mm/yyyy)

Class of Insurance	Date of Loss	Details of Claim	Total Cost (\$)	Excess (\$)
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Class of Insurance	Date of Loss	Details of Claim	Total Cost (\$)	Excess (\$)
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(dd/mm/yyyy)

Class of Insurance	Date of Loss	Details of Claim	Total Cost (\$)	Excess (\$)
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(dd/mm/yyyy)

Class of Insurance	Date of Loss	Details of Claim	Total Cost (\$)	Excess (\$)
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(dd/mm/yyyy)

Class of Insurance	Date of Loss	Details of Claim	Total Cost (\$)	Excess (\$)
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(dd/mm/yyyy)

Section 5. Commercial Motor Vehicle Cover - Comprehensive (COMP) or Third Party Damage Only (TPO)

The Sum Insured must represent the current market value and must represent the value including accessories. Written evidence of claims experience for the last 5 years may be requested. This section of the Driveline Transport Package policy is mandatory.

a. Vehicle Details

ITEM 1.

Year	Make & Model			Body Type
Registration Number	NCB	Radius (Kilometres)		
Main Driver's Name		Date of Birth (dd/mm/yyyy)	Licence Class	No. years Licence Held
Sum Insured (\$)	Purchase Price (\$)	Interested Party		
Are there any additional accessories or modifications to the above vehicle?		Yes	No	
If Yes, please provide details:				

ITEM 2.

Year	Make & Model			Body Type
Registration Number	NCB	Radius (Kilometres)		
Main Driver's Name		Date of Birth (dd/mm/yyyy)	Licence Class	No. years Licence Held
Sum Insured (\$)	Purchase Price (\$)	Interested Party		
Are there any additional accessories or modifications to the above vehicle?		Yes	No	
If Yes, please provide details:				

ITEM 3.

Year	Make & Model			Body Type
Registration Number	NCB	Radius (Kilometres)		
Main Driver's Name		Date of Birth (dd/mm/yyyy)	Licence Class	No. years Licence Held
Sum Insured (\$)	Purchase Price (\$)	Interested Party		

Are there any additional accessories or modifications to the above vehicle? Yes No

If Yes, please provide details:

ITEM 4.

Year	Make & Model	Body Type	
Registration Number	NCB	Radius (<i>Kilometres</i>)	
Main Driver's Name	Date of Birth (<i>dd/mm/yyyy</i>)	Licence Class	No. years Licence Held
Sum Insured (\$)	Purchase Price (\$)	Interested Party	

Are there any additional accessories or modifications to the above vehicle? Yes No

If Yes, please provide details:

ITEM 5.

Year	Make & Model	Body Type	
Registration Number	NCB	Radius (<i>Kilometres</i>)	
Main Driver's Name	Date of Birth (<i>dd/mm/yyyy</i>)	Licence Class	No. years Licence Held
Sum Insured (\$)	Purchase Price (\$)	Interested Party	

Are there any additional accessories or modifications to the above vehicle? Yes No

If Yes, please provide details:

ITEM 6.

Year	Make & Model	Body Type	
Registration Number	NCB	Radius (<i>Kilometres</i>)	
Main Driver's Name	Date of Birth (<i>dd/mm/yyyy</i>)	Licence Class	No. years Licence Held
Sum Insured (\$)	Purchase Price (\$)	Interested Party	

Are there any additional accessories or modifications to the above vehicle?

Yes

No

If Yes, please provide details:

ITEM 7.

Year	Make & Model			Body Type
Registration Number	NCB	Radius (<i>Kilometres</i>)		
Main Driver's Name		Date of Birth <i>(dd/mm/yyyy)</i>	Licence Class	No. years Licence Held
Sum Insured (\$)	Purchase Price (\$)	Interested Party		

Are there any additional accessories or modifications to the above vehicle?

Yes

No

If Yes, please provide details:

ITEM 8.

Year	Make & Model			Body Type
Registration Number	NCB	Radius (<i>Kilometres</i>)		
Main Driver's Name		Date of Birth <i>(dd/mm/yyyy)</i>	Licence Class	No. years Licence Held
Sum Insured (\$)	Purchase Price (\$)	Interested Party		

Are there any additional accessories or modifications to the above vehicle?

Yes

No

If Yes, please provide details:

ITEM 9.

Year	Make & Model			Body Type
Registration Number	NCB	Radius (<i>Kilometres</i>)		
Main Driver's Name		Date of Birth <i>(dd/mm/yyyy)</i>	Licence Class	No. years Licence Held
Sum Insured (\$)	Purchase Price (\$)	Interested Party		

Are there any additional accessories or modifications to the above vehicle? Yes No

If Yes, please provide details:

b. Vehicle Information:

Yes No

Are any of the vehicles fitted with anti-theft devices?

Are any of your vehicles operated for more than 14 hours per day?

Do you hire out any of your vehicles?

Do you carry any dangerous/hazardous goods?

Is any vehicle a rental, courtesy vehicle, or used in the vicinity of aircraft or within the confines of an airport or used on water or rail or for fast food delivery, courier purposes or outfitted as a Mobile Home or Office?

Is any vehicle used for food preparation or sale (e.g. mobile food van), promotional purposes (e.g. broadcast van) or used in a mining or quarry site above or below ground or used in the film industry (e.g. make-up van)?

If you have answered Yes to any of Section 5.b. above, please provide full details:

c. Have You or any intended driver ever:

Yes No

Been fined or convicted of more than 3 speeding or other traffic offence (other than parking) within the last 3 years?

Had a driving licence endorsed, suspended or cancelled within the last 5 years?

Been convicted with Prescribed Concentration of Alcohol (PCA) or Driving Under the Influence (DUI) in the last 5 years?

Suffered from any physical or mental condition which could affect their driving performance?

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 5 years?

If You have answered Yes to any of Section 5.c. above, please provide full details:

d. Goods carried

Yes No

Are You a carrier / transport company?

If Yes, please provide details of all goods carried:

Section 6. Business Interruption (Downtime)

Cover - Loss of Income. Available on Prime Movers, Rigid Trucks, Trailers, Buses and Coaches only.

Cover Required? Yes No If Yes, proceed to Section 6.a. If No, proceed to Section 7.

a. Please select items to be covered

Registration No.	Indemnity Period 1-4 (maximum) Number of Months	Monthly Indemnity Monthly Benefit Max \$20,000 per Vehicle
ITEM 1		
ITEM 2		
ITEM 3		
ITEM 4		
ITEM 5		
ITEM 6		
ITEM 7		
ITEM 8		
ITEM 9		

Section 7. Public and Products Liability

Cover - Available for Road Freight Transport Operators (Excluding Bulk Dangerous Goods)

Cover Required? Yes No If Yes, proceed to Section 7.a. If No, proceed to Section 8.

a. Select Limit of Indemnity

	\$5,000,000	\$10,000,000	\$20,000,000
Property in Physical or Legal Control	\$25,000	\$50,000 (standard)	\$75,000, \$100,000

Underwriting Information:

b. Estimated Turnover for the next 12 months (\$)

c. Please confirm the following:

- Do you manufacture, sell or promote any products?
- Are there any activities performed other than transporting of customers' goods?
- Do you assume any liability or waive your rights under any contract or agreement?

Yes No

d. Do you carry any of the following:

- Bloodstock or stud or prize or exotic animals
- Goods subject to the Australian Dangerous Goods Code
- Toxic Waste
- Boats, cars or other motor vehicles
- Chemicals

Yes No

Yes No

Cement, concrete, tar or bitumen

Ethical pharmaceuticals

Bulk fertiliser

Bulk animal feed

Waste and/or garbage

e. Are any of your vehicles operating as:

Yes No

Tow Trucks

Furniture Removalists

Skip bin delivery, collection or hire

Concrete pumping

Road Freight operator

Bus & Coach operator - Less than 25% general charter work

Bus & Coach operator - 25% or more general charter work or tour operator

If You have answered Yes to any of Section 7.c., 7.d. or 7.e. above, please provide full details:

f. Number of locations / depots?

Is there fuel storage or petrol bowser on premises?

Yes No

g. Is indemnity cover required for Contract drivers?

Yes No

Value of payments to Contract drivers per annum (\$)

Is cover for injury to Contract drivers required?

Yes No

Number of Contract drivers

h. Have you lodged any claims in the last 5 years for this product?

Yes No

If Yes, please ensure you provide details in Section 4. Loss History

Section 8. Carriers Transit

Cover - Available for Road Freight Transport Operators (Carrying non owned freight only).

Cover Required?

Yes No

If Yes, proceed to Section 8.a. If No, proceed to Section 9.

Underwriting Information:

a. Radius

0-200km 200-600km 600-1,000km Over 1,000km

Estimated Gross Freight Earnings for next 12 months (\$)

Advise estimate of payments to sub-contractors for the next 12 months (\$)

b. 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 8.c.(i). If No, proceed to Section 8.c.(ii).

c. (i) Coverage Options if answered 'Yes' to Section 8.b.

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

(ii) Coverage Options if answered 'No' to Section 8.b.

- PART B - Accidental Damage only OR
- PART C - Specified Perils only

Please complete PART A, PART B and/or PART C based on your coverage Options selected in Section 8.c. above.

PART A - LEGAL LIABILITY

Sum Insured (\$)

Please indicate if you carry any of the following:		%	Description of goods
General Cargo	Yes No	If Yes, please provide:	
Livestock	Yes No	If Yes, please provide:	
Refrigerated Cargo	Yes No	If Yes, please provide:	
Motor Vehicles / Plant	Yes No	If Yes, please provide:	

PART B - ACCIDENTAL DAMAGE

Sum Insured (\$)

Please indicate if you carry any of the following:		%	Description of goods
General Cargo	Yes No	If Yes, please provide:	
Livestock	Yes No	If Yes, please provide:	
Refrigerated Cargo	Yes No	If Yes, please provide:	
Motor Vehicles / Plant	Yes No	If Yes, please provide:	

PART B - SPECIFIED PERILS

Sum Insured (\$)

Please indicate if you carry any of the following:		%	Description of goods
General Cargo	Yes No	If Yes, please provide:	
Livestock	Yes No	If Yes, please provide:	
Refrigerated Cargo	Yes No	If Yes, please provide:	
Motor Vehicles / Plant	Yes No	If Yes, please provide:	

d. Do you carry any of the following?

Property owned by you, live plants or trees, commercial bulk consignments of dangerous goods, radioactive goods, explosives or explosive goods, precious metals, precious stones, jewelry, money (which means any banknote or coin), household or personal effects (removalist), bloodstock or stud or prize or exotic animals, alcohol, cigarettes, tobacco or tobacco products, computers or computer equipment, oversized loads, prestige vehicles (e.g. Mercedes Benz, BMW, Porsche).

Yes	No	If 'Yes' please provide the following details
		% Description of goods

e. Have you lodged any claims in the last 5 years for this product?

Yes No

If 'Yes', please ensure you provide details in Section 4. Loss History

Section 9. Declaration

This declaration applies to all the insurance You are applying for in this Proposal.

I/We hereby declare that:

- I/We have received or have been offered a copy of the Product Disclosure Statement and Policy Document;
- upon acceptance, the terms and conditions of this insurance will be in accordance with the Product Disclosure Statement and Policy Document;
- 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;
- I/We have either completed this form personally or, if it has been on my/our behalf, have checked that the questions have been fully and accurately answered;
- Where there is more than one Insured(s)/Policyholder(s) included on this form, I/We acknowledge that I/We are authorised to sign for and on behalf of the other Insured(s)/Policyholder(s);
- I/We have read and understood the information concerning the Duty of Disclosure and other Important Notices on this form;
- I/We have read and understood the Privacy Notice on this form and consent to the collection, storage, use and disclosure of any personal and sensitive information;
- if I/We have not complied with the Duty of Disclosure and Duty of Utmost Good Faith, a claim made under the Policy may not be met or only met in part;
- following acceptance, an occurrence during the Period of Insurance which alters any of the information I/We have provided on this form, will be promptly notified.

I/We agree? Yes

**Completed by
(print full name)**

Signature

Position / Title held

Date of declaration (dd/mm/yyyy)