

Plant & Machinery Insurance

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).

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 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 GT Insurance, PO Box 1937, North Sydney, NSW 2059

For more information on the Code Governance Committee (CGC) go to www.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, 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)

Previous Business Name(s) & Trading Name(s)

Main Trading Company ABN
Australian Business Number (11 digits)

Website

Main Business/ Depot Address

Suburb State or Territory Postcode

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

Other Address

Suburb State or Territory Postcode

Section 2. Client Business Details

Description of Your business / occupation

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

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

Section 3. Operational Exposures

1. Please specify the approximate asset value of mobile plant and motor vehicles at each site (based on top 5 location):

Location 1	<input type="text"/>	Asset Value (\$)	<input type="text"/>
Location 2	<input type="text"/>	Asset Value (\$)	<input type="text"/>
Location 3	<input type="text"/>	Asset Value (\$)	<input type="text"/>
Location 4	<input type="text"/>	Asset Value (\$)	<input type="text"/>
Location 5	<input type="text"/>	Asset Value (\$)	<input type="text"/>

2. Does your mobile plant ever operate below the high tide mark on beaches or creeks/ivers? Yes No N/A

If Yes:

a. Where does this occur?

b. Which recovery specialist is your team obliged to contact in case your mobile plant becomes bogged?

3. Is loss or damage to your mobile plant, whilst it is being transported, currently covered under the following policies?

a. Marine policy of insurance that you organised Yes No

If 'Yes' to 3.a. above, does this marine cover only act as a second responder to any mobile plant comprehensive cover that may be in place? Yes No

b. Transit policy of insurance that a third party carrier has arranged Yes No

4. Does your mobile plant ever operate over water on marine vessels? Yes No

If 'Yes' to 4. above, do you require the policy that you may arrange with us to cover this hazard? Yes No

5. Please specify the percentage of your mobile plant fleet that is likely to be laid up over the next 12 months (%)

6. Do you require the policy that you may arrange with us to cover miscellaneous equipment (such as generators, welders, compressors, pumps, meters) that you have not individually specified to us on your mobile plant and motor vehicle schedule? Yes No

If Yes:

What is the average value of each item? (\$)

What is the maximum value of any one item? (\$)

What is the maximum value of all items at any one location? (\$)

7. Do you require the policy that you may arrange with us to cover removable GPS equipment that is used with your mobile plant? Yes No

If Yes, please ensure each item of GPS equipment is nominated on the mobile plant and motor vehicle schedule you provide to us with individual sum insured for each item.

8. Do mobile cranes form part of your fleet? Yes No

If Yes, are they:

a. fitted with tilt, weight, and wind speed alarms? Yes No

b. ever involved in multiple lifts? Yes No

9. Please describe the security procedures you have in place when your mobile plant is left on a working site overnight?

10. Please indicate if you have the following security & fire protection measures in place for your depot, mobile plant and vehicles:

Depot

- Night lighting
- Sensor lighting
- Gated & fenced property
- Monitored building alarm
- Monitored smoke alarm
- Fire Sprinkler System
- CCTV
- After hours security patrol
- Employee presence on the site after hours (living quarters)
- Security bollards

Mobile Plant & Vehicles

- Vandal mesh or covers on mobile plant
- Engine immobilisers
- GPS Tracking devices on mobile plant
- Anti-theft locks
- Vehicle theft alarm
- Lockable fuel caps on mobile plant
- Auto engine shut down at time of Fire Suppression activation on mobile plant
- Auto fire detection and suppression equipment on mobile plant
- Handheld fire extinguisher on mobile plant
- Hydraulic hose socks on mobile plant
- Lagging/shielding on turbo of mobile plant
- Structural fire resistant barrier on mobile plant

11. Do you use labour hire staff as operators of your mobile plant or motor vehicles? Yes No

If Yes, what percentage of your turnover did labour hire payments represent over the past 12 months? (%)

12. Do you currently employ any operators of mobile plant that are under 25 years of age? Yes No

If Yes, how many?

13. Do you employ any drivers of prime movers that are under 25 years of age? Yes No

If Yes, please provide details of each driver (if insufficient space, please attach separate sheet):

Name	Date of Birth <i>dd/mm/yyyy</i>	Years licensed to drive prime movers
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Section 4. Hired in Mobile Plant (and motor vehicles)

1. Do you ever 'Hire in' any mobile plant or motor vehicles (with the intention that your employees will drive or operate them whilst they're in your care, custody and control)? Yes No

If Yes, please continue with Section 4 below. If No, please proceed to "Section 5. Dry Hire"

2. Do you require the policy that you may arrange with us to cover Hired in Mobile Plant (and motor vehicles)? Yes No

If Yes, what percentage of the time do you normally choose to insure the hired in mobile plant and motor vehicles with your insurer? (%)

3. Please provide details of the type of mobile plant and motor vehicle you normally hire in:

4. What is the average period of hire?

5. What is the number of mobile plant and motor vehicles hired in during the last 12 months?

6. What is the average value of mobile plant and motor vehicles hired in during the last 12 months (excluding cars and utes) (\$)

7. What is the maximum value of any one item of mobile plant or motor vehicle you are likely to hire in (\$)

8. Please provide the following information for hired in mobile plant and motor vehicles you would have in your care, custody and control, at any one time:

Maximum Number

Maximum Value (\$)

9. Do you require the policy that you may arrange with us to cover Ongoing Hiring Charges? Yes No

If Yes, please indicate required sub-limits:

Sub-limit any one item (\$)

Sub-limit any one event (\$)

10. What is the total value of hiring fees which you:
 a. paid for mobile plant and motor vehicles during the last 12 months? (\$)

b. may expect to pay over the next 12 months (\$)

11. Do you ever dry hire out any mobile plant or motor vehicles you hire in? Yes No

Section 5. Dry Hire

1. Do you ever 'Dry Hire' out any mobile plant or motor vehicles? Yes No

If Yes, please continue with Section 5 below. If No, please proceed to "Section 6. Declaration"

2. Please provide details of the type of mobile plant or motor vehicle you normally dry hire:

3. What (estimated) percentage of your turnover is derived from dry hire during the past 12 months (%)

4. What (estimated) percentage of your fleet is made available for dry hire? (%)

5. Please provide the percentage of Public Hire (to non business owners) versus percentage of Commercial Hire (to business owners)?:

Public Hire (%) Commercial Hire (%)

6. Please provide the name/s of companies (Commercial Hire) that you regularly dry hire your mobile plant and motor vehicles to:

7. Do you have a formal dry hire agreement? Yes No

If Yes:

a. please attach a copy of your standard hire agreement to this questionnaire.

b. do you provide a damage waiver option? Yes No

If Yes:

a. What is the amount of the damage waiver 'Excess' (\$)

b. What percentage of the time does the hirer take up the damage waiver option (%)?

8. Do you have a policy or procedure in place to ensure the hirer has insured your mobile plant or motor vehicle before they're let out on dry hire (such as sighting a certificate of currency)? Yes No

If Yes, please specify the steps taken to ensure the hirer has insured your mobile plant or motor vehicle:

9. Do you ever allow your mobile plant or motor vehicles to be loaned out or dry hired on a 'hand shake' agreement? Yes No

Section 6. 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 authorise GT Insurance to obtain any information it may need about my/our claims and prior insurance history from my/our previous insurer(s);
- I/We authorise GT Insurance to make enquiries to third parties to verify claims history and other information I/We have provided;
- I/We authorise GT Insurance to refer to the database of Insurance Reference Services Ltd to confirm information I/We have supplied;
- 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?

Completed by
(print full name)

Signature

Position /
Title held

Date of
declaration

dd/mm/yyyy