



CLIENT No.:
POLICY No.:
Intermediary:

Offices at: Townsville Rockhampton Brisbane Newcastle Sydney Canberra Melbourne Launceston Adelaide Bunbury Perth Darwin
 Please refer to our Website for contact details — www.nti.com.au

COMMERCIAL VEHICLE INSURANCE PROPOSAL

PRIVACY STATEMENT

The Privacy Act 1998 (as amended) now applies and requires us to inform You that:

Purpose of collection

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of providing insurance services to you. This includes evaluating your application, evaluating any request for a change to any insurance provided; providing, administering and managing the insurance services following acceptance of an application; investigating and, if covered, managing claims made in relation to any insurance you have with us.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose. However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

Disclosure

We may disclose your personal information, when necessary and in connection with the purposes listed above, to: your insurance broker or our agent, Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers.

Consequences if information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

Access

You can request access to the personal information by contacting us at our address shown on this form.

INTERIM COVER No.

ALL questions MUST be answered - DO NOT LEAVE ANY BLANK

Proposed Period of Insurance

From

To

 at 4.00 p.m. L.S.T.

BASIC EXCESSES 1.

\$

2.

\$

3.

\$

4.

\$

PROPOSER

A.B.N.'s

Full Name/s:

Trading Name:

Postal Address:

Depot. Address:

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B.

OPERATIONS

What is the total number of employees of your business?

VEHICLE INSURANCE

** N.B. — Average/underinsurance Clause Applicable (Refer Page 3)

ITEM	Year/Make/Model	Body Type	Reg. No.	Eng./Chassis No. Serial No.	Proposed Sum Ins. **	Date & Purchase Cost	Authorised Capacity
1.							
2.							
3.							
4.							

Are any vehicles L.P., Gas converted? YES/NO

If 'YES' has a Standards Specifications Certificate been issued? YES/NO

Have any of the vehicles proposed been modified, altered or varied from the maker's standard vehicle production? If so, describe: _____

NOTE: Vehicles shall not be covered by the Policy where they have been illegally altered or modified so as not to comply with any Machinery Act or regulations or Manufacturer's standard design.

OTHER INTERESTED PARTIES

INDICATE IF OWNER, LESSOR, MORTGAGOR, ETC...

If applicable state Item, Party & Interest _____

NO CLAIM DISCOUNT/PREVIOUS INSURANCE

Are you entitled to a no claim discount? YES/NO		WRITTEN EVIDENCE MUST BE ATTACHED		
Name of Previous Insurer	Policy No.	Expiry Date	/	/
Name of Policy Owner	Vehicle Insured	Discount	yes	%

Number of years operating your own Transport/Earthmoving Business _____

Number of years that you have held continuous insurance on this type of Vehicle _____

EXTRAS

Do you require cover for the following? Value of extras is to be incorporated in the Proposed Sum Insured.

Attaching to trailer sum insured			
Gates: YES/NO		\$	
Tarps: YES/NO		\$	
Dogs & Chains: YES/NO		\$	
Binders: YES/NO		\$	

Non Removable Items — including Fixed hard wired car phone, also Agitators or Plant (Describe with Values)

VEHICLE OPERATION

YES/NO

GIVE DETAILS

1. Is the vehicle owned or registered by anyone other than you?	1	If Yes:	
2. Is the vehicle in a safe, roadworthy undamaged condition?	2	If No:	
3. Is the vehicle lent out or leased out, or control assigned to any other party?	3	If Yes:	
4. State your town (base) from which you operate.	4		
5. Will the vehicle operate outside a destination radius of 450 kms from this address?	5	If Yes: State Furthest Town/City you travel to:	
		State Radius From Base:	km
6. Will any driver be under 25 years of age or have less than 4 years driving experience for the class of vehicle in their charge?	6	If Yes:	

7. DESCRIBE NATURE OF OPERATIONS AND PERCENTAGE USAGE

Vehicle/Machinery Carrier	%
Furniture Removalists	%
Parcel Express	%
Brick/Block/Tile Carrier	%
Sand/Gravel Carrier	%
Coal/Mineral Carriers	%
Livestock Carrier	%
Grains Carrier	%
Produce Carrier (Non Refrigerated)	%
Produce Carrier (Chilled)	%
Refrigerated Goods Carrier	%
Premix Concrete Carrier	%
Tanker (Non Hazardous)	%
Garbage Waste Disposers	%
Hazardous/Dangerous Goods Carrier	%

NOTE: Cover excludes carriage of Hazardous/Dangerous Goods unless agreed in writing by the company.

Indicate: Class Type
Chemical Name
Estimate of Quantity Carried
any one load.

OFFICE USE ONLY:
Hazardous/Dangerous Liability Limit \$

GENERAL FREIGHT

	%
1. Foodstuffs/Clothing
2. Hardware Supplies
3. Sawn Timber Products
4. Agricultural Supplies/Machinery
5. Packaged Hazardous/Dangerous Goods e.g. house/ag. chemicals
6. Fertilisers
7. Steel
8. Other (Describe)

EARTHMOVING & MISCELLANEOUS EQUIPMENT

Road Construction & Maintenance	%
Mining & Quarry Use	%
Logging & Allied Occupations	%
Bridge & Dam (Construction & Maintenance)	%
Bush Clearing, Pulling, Rooting	%
General Excavation - Sewerage	%
- Pool Installation	%
- Clearing Building Sites	%

Other (details)

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8. Who do you sub contract to or tow operate for

8	
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PROPOSER'S HISTORY YES/NO

NOTE: The words 'you/your' appearing in the questions below shall include jointly and/or severally all persons, principles, partners, directors and/or others, as owners or drivers.

9. Have you or any person who will drive the vehicle(s) ever had a policy declined, cancelled, refused or special condition imposed, or any claim refused?	9	If Yes Give Details:
10. Has any person who will drive the vehicle(s) any physical or mental defects, or infirmity?	10	If Yes Describe:
11. During the last 10 years have you or your drivers had your licence suspended or cancelled or any traffic convictions, or penalty imposed/paid for an offence committed?	11	If Yes Describe:
12. During the last five years , have you as an owner or driver or any person who will drive or has driven the vehicle(s) had any vehicle accidents, malicious damage, liabilities or any other losses, whether claim lodged or not?	12	If Yes Complete Below: "Known to Company" not acceptable as an answer.

Date of Event	Driver	Insurer	Details	Own Damage	Other

13. In respect of this proposed insurance: (1) Do you have any adult Commonwealth or Territory convictions which are less than 10 years old? and/or Do you have any juvenile Commonwealth or Territory convictions which are less than 5 years old? (2) Do you have any convictions for Commonwealth or Territory offences which are over 10 years old (or 5 years for juvenile convictions), where the sentence imposed was imprisonment for a period greater than 30 months? (3) Do you have any convictions for state offences other than those excluded under the Queensland criminal law (Rehabilitation of Offenders) Act 1986 or the N.S.W. Criminal Records Act, 1991?	13	If Yes Describe:
14. What is your date of birth?	14	Day: _____ Month: _____ Year: _____
15. How many years have you been using this class of vehicle?	15	

NOTIFICATION TO PROPOSER

YOUR DUTY TO DISCLOSE

Before you enter into a contract of general insurance with an insurer, you have a duty, under the 'INSURANCE CONTRACTS ACT 1984', to disclose to the insurer every matter that you know, or could be expected to know, is relevant to the insurer's 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 the insurer before you renew, extend, vary or reinstate a contract of general insurance.

NON DISCLOSURE

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract.

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

AVERAGE/UNDERINSURANCE

This Policy contains an average clause. This means that we require you to insure for the market value. If you do not do so, and you are underinsured, we will pay you less in the event of any claim, proportionate to the amount of underinsurance. In particular, the amount we will pay is the proportion that the sum insured bears to 80% of the market value, subject to the precise conditions set out in the Policy.

THIRD PARTY INTERESTS

You must inform us of the interests of all third parties (i.e. financiers, lessors) whose interest is to be noted on this insurance. Noting of their interest will not entitle them to be covered as an insured but merely to be given notice of any cancellation lapsing or proposed payment of total loss claim. Their interest will not be protected even to this extent if they are not noted on the policy.

SUBROGATION AGREEMENTS

Where another person, other than a person exempted by law, is liable to compensate you for any loss or damage covered by the policy, but you have agreed with, or given an undertaking to that person without our written authority, either before or after the loss or damage occurred that you would not seek to recover any moneys from that person, we will not cover you under the policy for any such loss or damage.

DECLARATION

I/We hereby jointly and/or severally understand the advice given in relation to the DUTY OF DISCLOSURE, AVERAGE, THIRD PARTY INTERESTS and SUBROGATION.

I/We jointly and/or severally understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance.

I/We hereby jointly and/or severally hereby agree that if at the request of the company, within 14 days of receiving notice thereof, to obtain from the Commissioner of Motor Transport of the Authority having charge of the same, a complete and up to date record of offences in respect of the same which I have been reported and/or convicted.

I/We hereby and/or severally declare that the above particulars and statements are true and I/We agree that this proposal and declaration shall be the basis of the contract between Me/Us and the company and be incorporated therein.

I/We affirm that I/We have not withheld any information likely to affect the acceptance of this proposal.

THIS AREA MUST BE SIGNED

(Proposer's Signature) (Date)
(If more than one proposer all to sign)

Where the Answers are not in my/our handwriting they have been checked jointly and/or severally by me/us and certified as correct.

(Proposer's Signature) (Date)
(If more than one proposer all to sign)

OTHER OFFERS

1. Do You require Us to tell You how to pay for Your Motor Vehicle finance repayment if Your Motor Vehicle is off the road being repaired following an accident.
2. Do You require Us to tell You how to avoid having to pay sums of money as damages for an occupational liability that You cause to someone.
3. If You carry other people's goods upon Your Motor Vehicle, do You require Us to tell You how to avoid having to pay for them if You cause those goods to be damaged.

MOTOR VEHICLE INSURANCE

TASK	DATE COMPLETED	INITIAL BY	OTHER INFORMATION REQUIRED FOR U/W
FLAG CLOSING REC'D			
CLIENT DETAILS CORRECT			
ITEM DESCRIPTION CORRECT			
RE INSURANCE CHECKED			
VEHICLE IDENTIFICATION COMPLETE			
FLEET CHECKLIST COMPLETED			
ACCESSORIES NOTES			
SUM INSURED IN COMMENTS			
NCB VERIFICATION			
PROPOSER SIGNATURE			
POLICY ISSUED FLAG			
POLICY DOCUMENT PREPARED			
POLICY SENT			
OCCUPATION CODE			
ACCEPTED	___/___/___	SIGNATURE:	
PREMIUM	S/DUTY	GST	TOTAL