

DriveLine Commercial/Fleet Insurance

New Business Proposal/Questionnaire

Applicant Details

Intermediary

Current Insurer

The Insured ABN

Interested Party(s)

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

General Information

Description of Business

Location of Principal Depot Postcode

No. of years in business

Have you or any persons applying for this insurance:

In the last 10 years 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? Yes No

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

In the last 5 years had any insurer decline any claim or proposal, cancel or refuse to renew a policy, increase premium or impose special terms, conditions or restrictions on a policy? Yes No

Note: If you have answered Yes to any of these questions, please provide full details.

Cover – Comprehensive (COMP) or Third Party Property Damage Only (TPO)

SUM INSURED must be at least 80% of the current market value as the policy is subject to the average clause. The Sum Insured must represent the value of the vehicle, including accessories.

Vehicle Details

Item No.	Year	Vehicle (Make, Model & Body Type)	Reg. No. or VIN	Carrying Capacity	Goods Carried	NCB	Sum Insured
1.							\$
2.							\$
3.							\$
4.							\$
5.							\$
6.							\$
7.							\$
8.							\$
9.							\$

Vehicle Details continued...

Item No.	Radius	Main Driver	Licence Class	Years Licence this Class	Date of Birth	Finance Company	Date Purchased
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							

Please provide details of any additional accessories or modifications to the above vehicles.

Item	Accessories and Modifications

Have you or your intended driver ever:

- Been fined or convicted of a speeding or other traffic offence within the last 5 years? Yes No
- Had a driver's licence endorsed, suspended or cancelled? Yes No
- Been convicted with Prescribed Concentration of Alcohol (PCA), Driving Under the Influence (DUI)? Yes No
- Had any accidents, fires or lodged a claim in connection with a motor vehicle within the last 5 years? Yes No
- Suffered from any physical or mental condition which could affect their driving performance? Yes No

Note: If you have answered Yes to any of these questions, please provide full details.

Loss History

Please provide written details of any claims or uninsured losses (last 5 years). Written confirmation from Insurers is required.

Note: If insufficient spaces please attach details.

Date of Loss	Details of Claim	Amount Paid / OS	Excess
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Important Information – Please read

Your Duty of Disclosure

Before You enter into the Policy with Us, the Insurance Contracts Act 1984 requires You to provide Us with the information We need to enable Us to decide whether and on what terms Your application for insurance is acceptable and to calculate how much premium is required for Your insurance.

The Act imposes a different duty the first time You enter into the Policy with Us to that which applies when You renew, vary, extend, reinstate or replace the Policy. We set these two duties out below.

The duty applies until the Policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time). If anything changes between the time You provide answers or make disclosure and the Relevant Time, You need to tell Us.

Your Duty of Disclosure when You enter into the Policy with Us for the first time

You will be asked various questions when You first apply for the Policy. When You answer these questions, You must:

- give Us honest and complete answers;
- tell Us everything that You know; and
- tell Us everything that a reasonable person in the circumstances could be expected to tell Us.

Your Duty of Disclosure when You renew, vary, extend, reinstate or replace the Policy

When You renew, vary, extend, reinstate or replace the Policy, Your duty is to tell Us before the renewal, variation, extension, reinstatement or replacement is

made, every matter which:

- You know, or
- a reasonable person in the circumstances could be expected to know, is relevant to Our decision whether to insure You and whether any special conditions need to apply to the Policy.

What You do not need to tell Us for either duty

You do not need to tell Us about any matter:

- that diminishes Our risk;
- that is of common knowledge;
- that We know or should know as an insurer; or
- that We tell You We do not need to know.

Who does the duty apply to?

The duty of disclosure applies to You and everyone that is an insured under the Policy. If You provide information for another insured, it is as if they provided it to Us.

What happens if the duty of disclosure is not complied with?

If the duty of disclosure is not complied with We may cancel the Policy and/or reduce the amount We pay if You make a claim. If fraud is involved, We may treat the Policy as if it never existed, and pay nothing.

Declaration *This declaration applies to all the insurances being applied for.*

I/We acknowledge and declare that:

1. I/We have received a copy of the Product Disclosure Statement and Policy Wording (PDS);
2. I/We have read and understood my/our Duty of Disclosure and the PDS;
3. 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. If there is more than one insured and all have not signed this application you sign for and on their behalf.
4. I/We have completed this form personally or, if it has been on my/our behalf, have checked that the questions have been fully and accurately answered;
5. upon acceptance the terms and conditions of this insurance will be in accordance with the PDS, this Proposal, the Schedule and any other document which we tell you forms part of your policy;
6. I/We have read and understood the Privacy information set out in the PDS and consent to the collection, storage, use and disclosure of any personal information;
7. an occurrence during the Period of Insurance, which alters any of the information provided, will be promptly notified;
8. If I/We have not complied with my/our Duty of Disclosure and/or Duty of Utmost Good Faith, a claim made under the Policy may not be met or only met in part.

Insured's Signature

Name

Position

Date