

In completing this form, you agree to disclose to us, now and throughout the period in which we may provide you with the required insurance, any matter that you know or a reasonable person in the circumstances could be expected to know is relevant to our decision whether to provide you insurance.

If you fail to disclose such matters to us, we may not be able to make an informed decision whether to provide and/or continue providing you insurance and may seek to recover from you any loss incurred by us that has arisen from your failure to disclose such matters.

## 1. Company Details

Transport company name  Broker company name

Holding broker  Yes  No

Attacking broker  Yes  No

Presenting broker name

Broker phone number

Broker email

Broker address

Suburb

State

Postcode

Policy expiry date (dd/mm/yyyy)

Period of insurance

If new business, please state the name of the holding underwriter (Suncorp, QBE, ALLIANZ etc.)

How long has the holding underwriter held this account?

Required standard excess

\$

Please indicate the products for which you require a quote:

Heavy motor

Liability

Marine (Land Transit Freight)

Owned property

Risk management services

Other (please specify)

## 2. Risk Details

Company name

Trading names

Directors/owners names

## Risk Details Cont.

Risk address (main base of operations)

Suburb

State

Postcode





Additional yards/operational bases

Years in transport business

### Number of employees

Permanent

Casual

Labour hire

Other

Are you a principal contractor?  Yes  No

Are you a sub-contractor?  Yes  No

Bankruptcy in the last 5 years? If yes, have you been discharged?  Yes  No Date of discharge:

Have you ever been convicted of any criminal charges, offences?  Yes  No

Are criminal charges or allegations pending?  Yes  No

▶ If **Yes**, please give details

Have you, or any directors ever operated this business under any other name, or merged with another company?  Yes  No

▶ If **Yes**, please list business names

Have you provided ground up claims, on insurer letter headed paper, including losses within an aggregate deductible?  Yes  No

Do you haul dangerous goods?  Yes  No

▶ If **Yes**, what Section 2 insured limits are required?

Please indicate the classes of dangerous goods you carry

	Yes	No	% of time goods hauled
Class 1 Explosives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
Class 2.1 Flammable gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
Class 2.2 Non flammable, non toxic gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
Class 2.3 Toxic gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
Class 3 Flammable liquids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
Class 4.1 Flammable solids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
Class 4.2 Spontaneously combustible substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
Class 4.3 Dangerous when wet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
Class 5.1 Oxidising substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
Class 5.2 Organic peroxides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
Class 6.1 Toxic substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
Class 8 Corrosives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
Class 9 Miscellaneous dangerous goods (excludes asbestos)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %

#### Excluded dangerous goods

Class 6.2 Infectious substances

Class 7 Radioactive

Class 9 Where asbestos

Maximum units accumulated in one location

Location

Accumulated sum insured

Maximum possible loss (highest value units lost)



Do you have any non-owned plant or equipment attached to your vehicle?  Yes  No

▶ If **Yes**, please specify details of any non-owned truck mounted, or mobile plant or equipment in care, custody and control (excluding mortgaged or financed equipment) below.

Equipment	Owner	Application	Sum insured

### 3. Previous Insurance Details

Please provide fleet and insurance details for the past 5 years

Years	# items each policy year	# claims per policy year	Claims value per policy year	\$ aggregate excess per policy year	Std excess applicable per policy year	Combined fleet kilometres for policy year
Past 12 months						
1-2 years						
2-3 years						
3-4 years						
4-5 years						

Please attach your claims history on insurer letterhead.

### 4. Maintenance

Please provide the details of who services your vehicles (dealer, self, contractor, other)

If you service your own vehicles, are you or your employee suitably trade qualified?  Yes  No

Please describe the scope and nature of the service, if conducted by yourself or an employee.

Do you have risk management procedures in place?  Yes  No

▶ If **Yes**, please describe

Please specify which programs you adhere to:

- Trucksafe
- TFMS or other fatigue management program
- HACCP
- ISO 9000
- Other (please specify)

## 5. Driver Details

Please provide details on your drivers employment status:

	Yes	No	# drivers	% of drivers
Permanent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Casual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Labour hire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Contractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>			<input type="text"/>	<input type="text"/>

Do you employ drivers under age 25 with less than 2 years experience?  Yes  No

Do you employ drivers over the age of 60?  Yes  No

Do you obtain licence history prints every:

- 3 months  
 6 months  
 12 months  
 On employment only  
 Never

During or prior to hiring a driver for employment, do you check the following:

- References (*phone references*)  
 Road test performance (*take driver for a drive in excess of 4 hours*)  
 Obtain criminal history (*at least ask the question on a legal document*)  
 Check knowledge (*by quiz, question/answer*)  
 Match drivers to freight task (*previous experience at hauling similar freight radius*)  
 Medical

Have any of your drivers had an accident in the last five years?  Yes  No

▶ If **Yes**, please provide driver name and description of accident

1.
2.
3.
4.
5.
6.
7.
8.

Do you provide driver training?  Yes  No

If **Yes**, please provide details of the type of training you provide

## 6. Vehicle Details

Make	Model	Type ( <i>rigid, trailer, etc</i> )	Registration	VIN/ID	Sum insured

For additional items, please attach additional list

## 8. Privacy

Lumley Insurance respects your privacy and complies with the Privacy Act and the National Privacy Principles. A copy of our Privacy Policy is available at any of our offices or online at [www.lumley.com.au](http://www.lumley.com.au)

## 9. Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty at law to disclose to the Insurer anything that you could reasonably be expected to know is relevant to the insurer's decision whether to accept the risk of 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.

Your duty however, does not require disclosure of matter:

- that diminishes the risk to us;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of business, ought to know;
- as to which compliance of your duty is waived by the insurer.

If you fail to comply with your duty of disclosure the insurer may be entitled to reduce its 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.

## 10. Declaration

I/We hereby declare that we have read the privacy statement above and consent to the collection of the above information by Lumley Insurance.

I/We hereby declare and warrant that I/we have read this questionnaire and that the answers above are in every respect true and correct and that I/we have not withheld any material information. I/We also agree at the request of Lumley Insurance to obtain from the relevant authority or Government department a complete and up to date record of offences.

I/We understand that no insurance for any vehicle is in force until such time that this questionnaire and proposal is received and accepted by Lumley Insurance. This document must be signed by an authorised agent and/or proponent.

Agent name

Signature

Date (dd/mm/yyyy)

Proponent name

Signature

Date (dd/mm/yyyy)

### Important note:

If insufficient space is available on this proposal with respect to any questions contained, then please attach a sheet of paper containing additional information, noting relevant section and ensuring to sign and date any such attachments.

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Lumley Insurance is a trading name of Wesfarmers General Insurance Limited