



## 4. Driver Health

	Yes	No
Have you had a diabetes test and/or a medical in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
▶ If yes, do you have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
▶ If yes, is it treated?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any sleep disorders?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any medical condition or disability which may affect your driving performance?	<input type="checkbox"/>	<input type="checkbox"/>

## 5. Driving Convictions and Offences

	Yes	No
In the last 10 years have you had any convictions or any offences in the following;		
Alcohol DUI/PCA?	<input type="checkbox"/>	<input type="checkbox"/>
▶ If yes, please tick as appropriate <input type="checkbox"/> Car <input type="checkbox"/> Truck		
Drug offences?	<input type="checkbox"/>	<input type="checkbox"/>
Dangerous, culpable, negligent, without due care?	<input type="checkbox"/>	<input type="checkbox"/>
Speeding more than 30 km/h?	<input type="checkbox"/>	<input type="checkbox"/>
Speeding under 15 km/h?	<input type="checkbox"/>	<input type="checkbox"/>
Criminal conviction of any description?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have more than one truck driving licence?	<input type="checkbox"/>	<input type="checkbox"/>
Have you held a different interstate licence other than the licence number stated within the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had your licence endorsed, suspended or cancelled?	<input type="checkbox"/>	<input type="checkbox"/>

## 6. Accidents

	Yes	No
Have you been involved in any accidents in the last 10 years, please specify below;		
Single vehicle accident/rollover?	<input type="checkbox"/>	<input type="checkbox"/>
Caused an at fault accident?	<input type="checkbox"/>	<input type="checkbox"/>
Been in a major accident and not at fault according to police and investigator reports?	<input type="checkbox"/>	<input type="checkbox"/>
Been in an accident where a vehicle fault caused or contributed to the incident?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any of the above questions, please explain:

Date	Nature of incident	Claim cost	Who was at fault?
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Please attach an incident report or describe below:

## 7. Past Five Years Truck Driving Employment

Employer company name <input style="width: 100%;" type="text"/>				Vehicle combination
Address <input style="width: 100%;" type="text"/>				Years experience
Suburb <input style="width: 100%;" type="text"/>		State <input style="width: 100%;" type="text"/>	Postcode <input style="width: 100%;" type="text"/>	<input type="text" value="MC"/>
Contact person <input style="width: 100%;" type="text"/>	Contact Position <input style="width: 100%;" type="text"/>	Phone number <input style="width: 100%;" type="text"/>	Mobile number <input style="width: 100%;" type="text"/>	<input type="text" value="HC"/>
Employment dates from <input style="width: 100%;" type="text"/>		to <input style="width: 100%;" type="text"/>		<input type="text" value="HR"/>
				<input type="text" value="MR"/>
				<input type="text" value="LR"/>
				<input type="text" value="C"/>
				<input type="text" value="Other"/>

Employer company name <input style="width: 100%;" type="text"/>				Vehicle combination
Address <input style="width: 100%;" type="text"/>				Years experience
Suburb <input style="width: 100%;" type="text"/>		State <input style="width: 100%;" type="text"/>	Postcode <input style="width: 100%;" type="text"/>	<input type="text" value="MC"/>
Contact person <input style="width: 100%;" type="text"/>	Contact Position <input style="width: 100%;" type="text"/>	Phone number <input style="width: 100%;" type="text"/>	Mobile number <input style="width: 100%;" type="text"/>	<input type="text" value="HC"/>
Employment dates from <input style="width: 100%;" type="text"/>		to <input style="width: 100%;" type="text"/>		<input type="text" value="HR"/>
				<input type="text" value="MR"/>
				<input type="text" value="LR"/>
				<input type="text" value="C"/>
				<input type="text" value="Other"/>

Employer company name <input style="width: 100%;" type="text"/>				Vehicle combination
Address <input style="width: 100%;" type="text"/>				Years experience
Suburb <input style="width: 100%;" type="text"/>		State <input style="width: 100%;" type="text"/>	Postcode <input style="width: 100%;" type="text"/>	<input type="text" value="MC"/>
Contact person <input style="width: 100%;" type="text"/>	Contact Position <input style="width: 100%;" type="text"/>	Phone number <input style="width: 100%;" type="text"/>	Mobile number <input style="width: 100%;" type="text"/>	<input type="text" value="HC"/>
Employment dates from <input style="width: 100%;" type="text"/>		to <input style="width: 100%;" type="text"/>		<input type="text" value="HR"/>
				<input type="text" value="MR"/>
				<input type="text" value="LR"/>
				<input type="text" value="C"/>
				<input type="text" value="Other"/>

Employer company name <input style="width: 100%;" type="text"/>				Vehicle combination
Address <input style="width: 100%;" type="text"/>				Years experience
Suburb <input style="width: 100%;" type="text"/>		State <input style="width: 100%;" type="text"/>	Postcode <input style="width: 100%;" type="text"/>	<input type="text" value="MC"/>
Contact person <input style="width: 100%;" type="text"/>	Contact position <input style="width: 100%;" type="text"/>	Phone number <input style="width: 100%;" type="text"/>	Mobile number <input style="width: 100%;" type="text"/>	<input type="text" value="HC"/>
Employment dates from <input style="width: 100%;" type="text"/>		to <input style="width: 100%;" type="text"/>		<input type="text" value="HR"/>
				<input type="text" value="MR"/>
				<input type="text" value="LR"/>
				<input type="text" value="C"/>
				<input type="text" value="Other"/>

Employer company name <input style="width: 100%;" type="text"/>				Vehicle combination
Address <input style="width: 100%;" type="text"/>				Years experience
Suburb <input style="width: 100%;" type="text"/>		State <input style="width: 100%;" type="text"/>	Postcode <input style="width: 100%;" type="text"/>	<input type="text" value="MC"/>
Contact person <input style="width: 100%;" type="text"/>	Contact Position <input style="width: 100%;" type="text"/>	Phone number <input style="width: 100%;" type="text"/>	Mobile number <input style="width: 100%;" type="text"/>	<input type="text" value="HC"/>
Employment dates from <input style="width: 100%;" type="text"/>		to <input style="width: 100%;" type="text"/>		<input type="text" value="HR"/>
				<input type="text" value="MR"/>
				<input type="text" value="LR"/>
				<input type="text" value="C"/>
				<input type="text" value="Other"/>

Item	Annual Kms	By vehicle configuration (MC, HC, HR, MR, LR)	Trailer in control sum insured	Trailer in control (A or B trailers, Dog, Pig)
	kms			
	kms			
	kms			
	kms			
	kms			

Proposed insured truck list

Manufacturer	Model	VIN	Registration no.	Year	Value
					\$
					\$
					\$
					\$
					\$

Proposed insured trailer list

Manufacturer	Type (Tanker, Flat, Tipper etc)	A Trailer/ B Trailer/ Dog/Pig	VIN	Registration no.	Year	Value
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$

## 8. Financed/Mortgaged Vehicles Details

Interested parties	Details of encumbered items	Contract numbers

## 9. Radius

Vehicle radius (as the crow flies) from home base, list vehicles	Number of kilometres
	kms
	kms
	kms
	kms

## 10. Accessories

Vehicle	Non standard accessories	Purpose	Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

## 11. Goods Carried *(including Hazardous Goods and their MSDS details)*

Goods carried	Haz goods codes	To	From

If hazardous goods carried, please advise limit required:

Haz Goods Section 2 limit	No. powered units carrying haz goods
\$1,000,000	
\$2,500,000	
\$5,000,000	
\$10,000,000	
\$20,000,000	

## 12. Claim Details

Please detail previous claims

Year	No items in policy year	No claims in policy year	Claims value for policy year	Std excess applicable	Combined kms for policy year
Current			\$		
			\$		
			\$		
			\$		
			\$		

### 13. Privacy

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

### 14. 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.

### 14. 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 that Lumley Insurance may 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 in the in the control of the above stated driver is in force until such time that this questionnaire is received and accepted by Lumley Insurance.

Declared by (proponent)

Signature

Date

Declared by (driver's name)

Signature

Date

**Important note:** It is a Lumley Insurance requirement to provide a current driver licence history printout/Transport Authority, driver history, with all completed and signed driver declaration application for insurance with each driver application. In some cases we may request additional information to finalise any decision.

Unsigned driver declarations are non-privacy compliant and will be shredded without review of information to comply with Privacy Laws. This may delay the driver review process and hinder your business needs.