



Transport

Motor Vehicle Insurance - Quotation Form

v0622

Important Notices

PEN UNDERWRITING PTY LTD
 ABN 89 113 929 516 AFSL 290518

YOUR DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed

MATTERS THAT AFFECT OUR DECISION TO INSURE YOU AND ON WHAT TERMS

For the purposes of Your Duty of Disclosure, the following matters will affect our decision to insure You and or the terms that may be offered:

Your Drivers

Where Your drivers have:

- 2 traffic infringements in the current 12 months
- Lost their licence within the past 5 years
- A medical condition that could inhibit their driving, such as blackouts, dizziness and diabetes
- Had a criminal conviction in the past 5 years

You

Where:

- You have had an insurance policy for similar cover declined or cancelled or you have been refused renewal of your policy
- You have been bankrupt at any time in the past 5 years
- Where your company has been insolvent or under administration or had a receiver and manager appointed
- You have been a director of a company that went into liquidation in the past 5 years

Vehicle

Where:

- Your Vehicle, while owned by You, has been uninsured for the past 3 months
- You are not the registered owner of the Vehicle

UNDER INSURANCE

If the Sum Insured for Your Vehicle is less than 85% of the Market Value at the time of an Accident or event, You will become Your own insurer for a portion of the loss or damage to Your Vehicle. The Co-Insurance clause is set out in the Claims Conditions.

NO COVER IF RIGHTS "SIGNED AWAY"

This policy does not cover loss, destruction, damage or legal liability in respect of which any right which you may otherwise have against any person is excluded or limited by reason of any agreement you may enter into.

PRIVACY

Pen Underwriting and the Insurer(s) handle your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about you to provide you with insurance and insurance related services. We may disclose your personal information to third parties for the purposes described in our Privacy Policy, including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United States of America, United Kingdom, Singapore, Germany, Sweden and India. By asking us to provide you with insurance and insurance related services, you

consent to the collection, use and disclosure (including overseas disclosure) of your personal information for the purposes described in our Privacy Policy. Where you provide personal information about others, you represent to us that you have made them aware of that disclosure and of our Privacy Policy and that you have obtained their consent. If you do not consent to provide us with the personal information that we request, or withdraw your consent to the use and disclosure of your personal information at any stage, we may not be able to offer you the products or provide the services that you seek. For information about how to access and or correct the personal information we hold about you or if you have any concerns or complaints, ask us for a copy of our Privacy Policy or visit <https://www.penunderwriting.com.au/resources>

Instructions

Please download and save this PDF to your desktop and open via Adobe Acrobat to fill out digitally. Filling the form out in your browser will not save your answers.

Please read this Proposal Form fully prior to answering the questions.

- Please answer all questions in full. Where appropriate, tick the 'Yes' or 'No' box that best indicates your reply.
- If there is insufficient space provided, please provide further information on your letterhead.
- All attached documents form part of this Proposal.

1. Proposer(s) – include all subsidiaries and other operating names of entities to be insured:

| Name | Trading Name | Relationship | Operation |
|------|--------------|--------------|-----------|
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Name(s) in full of Principals/Partners/Directors

Street Address

Postcode:

2. Business Description

If your business description has undergone any changes in the last 12 months please describe past and present operations(s)

Have you operated this business under another name, or introduced another business to some of your existing fleet vehicles? Yes No

How long have you been established in this business?

Are you the registered owner of all the noted units? Yes No

3. Insurance History – Please provide the following information:

(a) How many years have you held continuous insurance for this risk?

(b) Has any insurance ever been cancelled for non-payment of premium? Yes No

(c) Has any Insurer cancelled or refused to renew or accept any insurance policy? Yes No

(d) Have you ever declared bankruptcy? Yes No

If **Yes**, to any of the above questions, please provide details:

4. Risk Assessment – Please provide the following information

- (a) Years driving this class of vehicle:
- (b) Age of the youngest driver:
- (c) Number of Drivers aged under 25:
- (d) Numbers of Drivers aged over 70:
- (e) Do you or any of the drivers suffer from a medical condition that could affect driving performance? Yes No
- (f) Have you or any driver:
 - (i) Been convicted of or charged with any criminal offence which may include Fraud, Arson, Theft, either finalised or pending? Yes No
 - (ii) Committed any driving offence or traffic infringement fines (other than parking) within the last five years? Yes No
 - (iii) Been convicted of driving with a Prescribed Concentration of Alcohol (PCA), above the legal limit while driving under the influence (DUI) and or a drug offense within the last 5 years? Yes No
 - (iv) Had a drivers license cancelled or suspended within the last 5 years? Yes No

If you have answered **Yes** to any of the above questions, please provide full details:

.....

.....

- (g) Are you involved with any activities noted below:
 - (v) Asbestos Yes No
 - (vi) Vehicles on rail Yes No
 - (vii) Airside Yes No
 - (viii) Underground mining Yes No
 - (ix) Hanging Meat Yes No
 - (x) Livestock Yes No
 - (xi) In or over Water Yes No
 - (xii) Coal mining Yes No

If you have answered **Yes** to any of the above questions, please provide full details:

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5. Vehicle Details

| REGO | Year | Make | Model | VIN/ID Number | Sum Insured / Purchase Price |
|------|------|------|-------|---------------|------------------------------|
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6. New purchase

(a) Is your vehicle a new purchase? Yes No

If **Yes**, Purchase date:

(b) Is your vehicle/units to be covered, currently insured? Yes No

If **Yes**, renewal date:

If **No**,

Date last insured:

Reason for operating uninsured:

7. Are any of the trucks used as:

B Double

Number of rigs:

Maximum TSI per rig:

Road Train

Number of rigs:

Maximum TSI per rig:

8. Operations

(a) Has any vehicle been performance modified from the original manufacturer's specifications?

Yes No

(b) Commodities Hauled (Note: General Freight is not an acceptable answer)

| List Specific Commodities Hauled | Frequency (% of total hauls) | Hazardous Material |
|----------------------------------|---------------------------------|--|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(c) Radius required

(i) 0 to 250km %

(ii) 251 to 450km %

(iii) 451 to 800km %

(iv) 801 to 1500km %

(v) >1500 km %

(d) Please provide details of fleet growth for the past five years:

| Year | Number of Units |
|------|-----------------|
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(e) Please advise the excess structure for each of the past 5 years:

| Year | Excess Structure |
|------|------------------|
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(f) Do you cart refrigerated goods at any time? Yes No

If **Yes**, please provide details:

- (i) Base of operation:
- (ii) Operating Radius required for this insurance:

(g) Trailer in Control

- (i) Is trailer in control legal liability required? Yes No
- (ii) Is trailer in control accidental damage cover required? Yes No

If **Yes**, to either of the above,

What Sum per Unit is required: No. of Units:.....
 Legal Liability: Maximum value per trailer: \$.....
 Average value per trailer: \$.....

9. Do you require Legal Liability cover for carriage of Hazardous Goods in excess of \$500,000? Yes No

If **Yes**,

- (a) What amount is required?
- (b) What class is carried?

10. Please include downtime – Maximum of \$10,000/ 10 weeks

| | |
|------------------------------------|--|
| Number of weeks required: | |
| Vehicle required: | |
| Limited required for each vehicle: | |

Claims to be noted below for quote indication – formal terms will be issued upon receipt of claims history on Insurer letterhead where applicable

| Year | Description | Incurred Costs (Paid and Outstanding) |
|------|-------------|---------------------------------------|
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