



Introduction

This insurance is being arranged by Insuret as an authorised representative (Auth. Rep. No 316981) of The Hollard Insurance Company Pty Ltd (Hollard) ABN 78 090 584 473 AFSL 241436, the insurer of this product who are licensed under the Financial Services Reform Act.

Important Notice

This Commercial Motor Application & Proposal will enable us to provide you with a quotation for insurance. All the questions are relevant to the insurer’s risk rating and the provisions of terms. This form must be completed in full and returned to our office. Please note that the advice we provide is of a general nature only and it has not taken into account your objectives, financial situation or personal needs. Accordingly you should consider the appropriateness of our advice together with the Policy Disclosure Statement in your policy wording before deciding to purchase this product.

Duty of Disclosure

This policy is subject to The Insurance Contracts Act 1984. Under that Act you have a duty of disclosure. To comply with your Duty of Disclosure when first entering into an insurance contract with us or when you vary, extend, reinstate, or renew your policy, you must be honest and tell us everything a reasonable person in the circumstances could be expected to tell us, in answer to any questions we ask you. This applies to every person insured under the policy. You do not have to tell us anything that is common knowledge, that we should know through our business, that reduces the risk of a claim or that we tell you we do not need to know. If you fail in your Duty of Disclosure we may reduce or deny any claim you make or cancel your policy. If you fraudulently keep information from us or deliberately make false statements we may avoid your contract and treat your insurance as if it never existed.

Privacy

The Privacy Act 1988 (as amended) seeks to ensure the confidentiality and security of any personal information and we, are committed to ensuring confidentiality and security. The Hollard Insurance Company Pty Ltd Privacy Policy detailing our handling of personal information is available on request. You may request access to information held by us about you, by contacting us. You may also access the Privacy Policy on our website www.insuret.com.au

Cooling off Period

If you decide that our cover isn’t suitable for you and have not made a claim, you can cancel your policy within 14 days of the start date of your insurance to receive a full refund of any premiums paid (less any taxes or duties we cannot recover).

The questions contained herein are relevant to our rating and release of terms. All sections must be completed in full.

Your Details

Please answer each question on behalf of all people to be insured. If you need more space to answer any question, please attach a separate sheet of paper and sign it.

Full Name of Business Owner(s) _____

DOB _____ No. of Years in Business _____ No. of Staff _____

Business Name _____

Nature of Business _____

ABN _____ ITC% _____

Postal Address _____

Business Address _____

Hours of Operation _____

Phone Number _____ Fax Number _____

Contact Name _____ Mobile Number _____

Other Trading Name(s) _____

Email Address _____ Website Address _____

Period of Insurance From _____ am/pm ____ / ____ / ____ To 4pm on ____ / ____ / ____

Fleet Details

Details	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6
Year of Manufacture						
Make						
Model						
Body Type e.g sedan, wagon, ute, etc.						
Vin or Engine Number						
Registration Number						
Date Purchased						
Non - standard accessories fitted to the vehicle e.g stereo systems, bull bars, tonneau covers						
Modifications made to each vehicle e.g performance alterations, lowered, fridges or business specific equipment installed						
Estimated Vehicle Value						
Note any existing damage on the vehicle						
Financier's Name						
Postcode where parked at night or when not in use						
How is it parked at night? e.g garaged, street, driveway						
Provide details of goods carried in the vehicle						
Occupation of main driver						
Radius of travel from business address	km	km	km	km	km	km

**** Please attach a schedule if insufficient space above.**

Will any vehicle carry petrol or diesel oil in bulk, flammable gases, volatile chemicals, acids or other dangerous goods? if yes, give details. _____ Yes No

Insurance & Driving History

In the last five (5) years, have you or anyone who will be driving the insured vehicles:

- Had a motor accident or loss, a vehicle burnt or stolen or made a claim under a motor insurance policy? Yes No
- Had any driving offences or traffic infringements (other than parking) or a drivers licence cancelled or suspended? Yes No
- Had any insurance declined or cancelled, been refused renewal of any insurance, or had special terms, conditions or excesses imposed? Yes No
- Been convicted of any criminal offences?

Does anyone who will be driving the insured vehicles suffer any physical or mental disability or any mental condition which could affect their driving performance? Yes No

Complete section below if you have answered YES to any of the previous questions

Full Name	DOB	Details of Accident, Loss Convictions, ect.	Date	Amount of Loss/Fine	Insurance Company	Details of Physical or Mental Disability

**** Please attach a schedule if insufficient space above.**

Please give the following details of Motor Insurance held by you in the past three years:

Year	Insurer	Type of Cover	Excess	No. of Claims	Total Claims	Details of Claims

**** Please attach a schedule if insufficient space above.**

Declaration

By signing this Commercial Motor Application & Proposal you hereby declare that:

- You agree to be bound by the terms and conditions of the policy wording that is currently available to you;
- The disclosure particulars are true and correct;
- You have not withheld or suppressed any information concerning the above particulars.

You also consent to:

- The use of your personal information for the purpose shown in our Privacy Policy;
- Insuret obtaining or verifying your claims experience from previous insurers;
- The disclosure of your personal information to, and obtaining information from, other parties as shown in the Privacy Policy.

You also confirm that if you have disclosed personal information about any other person, you are authorised to:

- Disclose to us the personal information about the person and give us consent to use it for the purpose shown in the Privacy Policy;
- Consent to disclose to and obtain any other information about that person from other parties including those shown in the Privacy Policy.

Please fax, email or post your completed Commercial Motor Application & Proposal along with a copy of your claims history and any other supporting documentation.

Commercial Motor Application & Proposal and supporting documentation are attached.

Commercial Motor Application & Proposal Yes No

Fleet List Yes No

Claims History (If fleet rating) or proof of NCB Yes No

Applicant's Full Name _____

Date _____

Signature _____

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