

Proposal

Heavy Motor Vehicle Insurance



Important Notices

Please read these Important Notices before completing the Proposal.

Your Duty of Disclosure before you enter into your policy

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984.

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

You have this duty until we agree to insure you.

Your duty of disclosure before renewal

Before you renew this contract of insurance, you have a duty of disclosure under the Insurance Contracts Act 1984.

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

Also, we may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must tell us about any change or tell us that there is no change.

If you do not tell us about a change to something you have previously told us, you will be taken to have told us that there is no change.

You have this duty until we agree to renew the contract.

If you do not tell us something (before you enter into your policy and before renewal)

If you do not tell us anything you are required to tell us, 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.

Persons Covered

The policy will only cover the interests of those persons and entities specifically named in this Proposal and accepted by us. It will not cover the interests of any other persons or entities.

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 had against any person is excluded or limited by reason of any agreement you may enter into.

Privacy

Pen Underwriting handles 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, 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 www.penunderwriting.com.au.

Complaints Handling

If you are dissatisfied with a decision Pen Underwriting makes, our service, the service of others we appoint to discuss insurance matters with you, or a claim settlement, we have an internal dispute resolution process to assist you. For further information, ask for a copy of our Complaints and Disputes Resolution Policy or visit www.penunderwriting.com.au.

Further Information

Your insurance broker can assist you to complete this Proposal. If you have any questions or need further information concerning your insurance, you should contact your insurance broker to assist you with your enquiry. You should direct all of your correspondence to Pen Underwriting through your insurance broker as he is your agent for this insurance.

IMPORTANT NOTICE

- 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 (attach explanation or relationship and operation performed by each)

Name(s) in full of Principals/Partners/Directors:.....

Trading Name:

Postal Address:..... Postcode:.....

2. Business Description:

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

.....

How long have you been established in this business?

3. Period of Insurance From: at 4pm To: at 4pm

4. Your Fleet Utilisation

Rigid Number of LR, MR, HR: Kilometres travelled per year:

Semi Number of HC category vehicles Kilometres travelled per year:

B Double Number of B Double category vehicles Kilometres travelled per year:

Road Train Number of Road Train category vehicles Kilometres travelled per year:

(i) What percentage of driving is performed between the hours of 11pm and 6am?

Rigid: % HC: % MC:.....%

(ii) What is the number of vehicles on a 24 hour shift with two drivers?

Rigid: HC: MC:.....

(iii) Drivers experience in years for each class:

Driver Class:	C	LR	MR	HR	HC	MC
Years:						

5. Operations

(i) Schedule of Equipment Operated – please complete the attached PEN Vehicle Listing

(ii) Has any vehicle been performance modified from the original manufacturer's specification? Yes or No

If Yes, please provide details:.....

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

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

(iv) Do you require Legal Liability cover for carriage of Hazardous Goods in excess of \$500,000 Yes or No
 If Yes, what amount is required?

(v) Do you cart livestock or refrigerated goods at any time? Yes or No
 If Yes, please provide details:.....

(vi) Base of operation:

(vii) Operating Radius required for this insurance:

(viii) <i>Pick Up Points</i>	<i>Delivery Points</i>
.....
.....
.....

(ix) Trailer in Control
 (a) Is trailer in control legal liability required? Yes or No

(b) Is trailer in control accidental damage cover required? Yes or 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: \$.....

List the companies that own these trailers:.....

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

Number of weeks required:	
Vehicle required:	
Limit required for each vehicle:	

7. Driver Information

Please note that all drivers must have the relevant Australian licence for a minimum of 2 years otherwise approval must be sought from PEN.

(i) Number of Drivers aged under 25:

(ii) Numbers of Drivers aged over 70:

Please provide the following information for each of these drivers:

<i>Name of Driver</i>	<i>Vehicle being driven</i>	<i>Experience</i>	<i>Radius</i>
		<i>(Australian licence category only)</i>	
.....
.....
.....
.....

(iii) Classes of Vehicles Driven (Australian licence) C LR MR HR HC MC

(iv) Have you or any of your Drivers in the last five years:
 (a) Been convicted of or charged with Fraud, Arson or Theft or any other Criminal Act? Yes or No

(b) Had a motor accident or loss, a vehicle stolen or made a claim under a motor insurance policy? Yes or No

(c) Had any driving offence or traffic infringement fines (other than parking) or had a drivers licence cancelled or suspended? Yes or No

- (d) Had any insurance declined or cancelled, been refused renewal of any Insurance or had special terms, conditions or excesses imposed? Yes or No
- (e) Been convicted with driving with a Prescribed Concentration of Alcohol (PCA) above the legal limit, driving under the influence (DUI) or a drug offence within the last 5 years? Yes or No
- (f) Do any of the named Drivers suffer from any medical condition which could affect their driving performance? Yes or No

If Yes to any of the above, please provide the following further details:

Name	Details of Accident, Loss, Convictions, etc	Date	Amount of Loss / Fine	Insurance Company	Details of any medical condition

(v) Driver Hours

- (a) *Driving* *On Duty*
- Daily:
 Weekly:

- (b) Longest Trip: Time: Distance: One Way or Turnaround

8. Have you, or your direct business partners, directors or shareholders, ever:

- (i) Declared bankruptcy? Yes or No
If Yes, please advise the date:.....
- (ii) Been convicted of criminal charges? Yes or No
- (iii) Have criminal charges pending? Yes or No
- (iv) Operated this business under another name, or introduced another Business name to some of your existing fleet vehicles? Yes or No
- (v) Operate(d) any other transport fleets? Yes or No

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

9. Previous Insurance Details and History (all direct business partners, directors and shareholders)

- (i) Has any insurance ever been cancelled for non-payment of premium? Yes or No
 - (ii) Has any company cancelled or refused to renew or accept any insurance policy? Yes or No
- If Yes, give Company Name, Date and Reason:.....

- (iii) Have you been insured under a Motor Vehicle policy in the last five years? Yes or No
If Yes, please attached documentation in confirmation of the claims history.

(iv) Give details of motor insurance and losses during the past 5 years (include losses within any aggregate deductible):

Year	Insurer	Claim Excess	No. of Units	No. of Claims	Total Claims
		\$			\$
		\$			\$
		\$			\$
		\$			\$

Vehicle Listing – TRUCKS (Please photocopy for additional units)

Unit No. 1	Type	
	GVM if Combination	
	Type of Combination	
	Year & Make	
	Model	
	Registration No.	
	Engine / VIN No.	
	Sum Insured	
Finance Company	<input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, please advise Name: Address:.....	
Unit No. 2	Type	
	GVM if Combination	
	Type of Combination	
	Year & Make	
	Model	
	Registration No.	
	Engine / VIN No.	
	Sum Insured	
Finance Company	<input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, please advise Name: Address:.....	
Unit No. 3	Type	
	GVM if Combination	
	Type of Combination	
	Year & Make	
	Model	
	Registration No.	
	Engine / VIN No.	
	Sum Insured	
Finance Company	<input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, please advise Name: Address:.....	
Unit No. 4	Type	
	GVM if Combination	
	Type of Combination	
	Year & Make	
	Model	
	Registration No.	
	Engine / VIN No.	
	Sum Insured	
Finance Company	<input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, please advise Name: Address:.....	
Unit No. 5	Type	
	GVM if Combination	
	Type of Combination	
	Year & Make	
	Model	
	Registration No.	
	Engine / VIN No.	
	Sum Insured	
Finance Company	<input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, please advise Name: Address:.....	

Vehicle Listing – TRAILERS (Please photocopy for additional units)

Unit No. 1	Type	
	Year	
	Model	
	Make	
	Length	
	Registration No.	
	Serial No.	
	Sum Insured	
	Finance Company	<input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, please advise Name: Address:.....
Unit No. 2	Type	
	Year	
	Model	
	Make	
	Length	
	Registration No.	
	Serial No.	
	Sum Insured	
	Finance Company	<input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, please advise Name: Address:.....
Unit No. 3	Type	
	Year	
	Model	
	Make	
	Length	
	Registration No.	
	Serial No.	
	Sum Insured	
	Finance Company	<input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, please advise Name: Address:.....
Unit No. 4	Type	
	Year	
	Model	
	Make	
	Length	
	Registration No.	
	Serial No.	
	Sum Insured	
	Finance Company	<input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, please advise Name: Address:.....
Unit No. 5	Type	
	Year	
	Model	
	Make	
	Length	
	Registration No.	
	Serial No.	
	Sum Insured	
	Finance Company	<input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, please advise Name: Address:.....

Declaration:

I/We declare that:

- I/We am authorised by each of the Applicant(s) to sign this Proposal
- The statements in this Proposal are true and complete and no material information has been withheld
- I/We have read and understood the Commercial Motor Vehicle Insurance PDS and Policy and the Important Notices accompanying this Proposal
- I/We have diligently made all necessary enquiries in order to comply with the duty of disclosure
- I/We have read the Pen Underwriting Privacy Statement on this Proposal and consent to the use, disclosure and obtaining of personal information about the insured for the purposes shown in the Privacy Statement
- Where I/We have provided information about another individual, that individual has been made aware of that fact and of the Pen Underwriting Privacy Statement
- I/We acknowledge that Pen Underwriting relies on the information and representations in this Proposal and otherwise made by me or on my behalf in relation to this insurance
- Except where indicated to the contrary, I/We understand that any statement made in this Proposal will be treated as a statement made by all persons to be insured
- I/We undertake to notify Pen Underwriting of any material alteration to the information contained in this Proposal prior to inception of the proposed insurance
- I/We understand that no insurance is in place until such time as Pen Underwriting has confirmed acceptance of the proposed insurance

Signature/s:..... **Date:**.....

Name/s:..... **Title:**.....