



MOTOR FLEET QUESTIONNAIRE

This questionnaire does not constitute an offer of insurance. Its purpose is to collect risk information which is necessary for us to further consider the quotation request.

INSURED DETAILS

Name of Insured: ABN:

Trading As:

Insured Website:

Submitting Intermediary:

Preferred Contact: Phone No:

Date Submitted: / / Expiry Date: / / Terms Required by: / /

HISTORY

- | | | |
|--|------------|-----------|
| a). Has Insured and/or Directors, previously had criminal convictions in last 5 years? | Yes | No |
| b). Any previous insurance declined, cancelled, renewal refused or special conditions imposed? | Yes | No |
| c). Has Insured had claims rejected with any other insurer for any products? | Yes | No |
| d). Has Insured had higher excess imposed? | Yes | No |
| e). Is there anything that you need to tell Us under Your duty of disclosure?
<i>(Refer to the last page of this document for duty of disclosure)</i> | Yes | No |

Please provide details here for any questions answered 'Yes' above.

POLICY INFORMATION

Holding Intermediary: How Long:

Holding Insurer: How Long:

Current Policy Format:

Term of Expiry Policy: Months

Select the format(s) that you would like quoted:

- Flat Premium** **Claims Experience Discount (CED)** **Burning Cost**
- Aggregate Excess - Limit \$** _____

We are happy to discuss ideas with you to develop a tailored plan for your client.

CURRENT EXCESS LEVELS

NB:- Please provide \$ and/or %

Prime Movers:	\$		%	<2t (inc. Utilities):	\$		%
Sedans / Wagons:	\$		%	Rigid Trucks >10t:	\$		%
Rigid Trucks 5-10t:	\$		%	Rigid Trucks 2-4.99t:	\$		%
Earthmoving Plant:	\$		%	Other Equipment:	\$		%
Rigid Trailers:	\$		%	Articulated Trailers:	\$		%

Any One Combined Unit Excess:

Other Excesses:

Have Excesses varied over the last 5 years? **Yes** **No**

If the above question was answered **'Yes'**, please provide details of when & how the excesses have changed in the last 5 years.

BUSINESS PROFILE AND OPERATIONS

Number of Years in Business: Trucksafe Member No:

Transport Association Name: Assoc. Member No:

TRANSPORT AND PLANT/MACHINERY RISK

Please list your business activities and duties performed. If various, please indicate a % of total annual kilometres on each.

FLEET RISK CONSIDERATIONS (FRC)

Please indicate involvement with any of the following activities.

Please complete the 'Fleet Risk Considerations Questionnaire' for each of the activities you are involved with.

- | | | | |
|------------------------|-----------------|------------------|-------------------|
| Concrete Pumping | Dry Hire | Railway | Underground |
| Logging / Forestry | Hired-in Items | Demolition | In/Over Water |
| On-Hook & Mobile Crane | Airside | Dam Construction | Road Construction |
| Earthmoving | Open Cut Mining | Drilling | |

LOCATIONS

Location Details:

Main Base of Operation:	Street Address	Suburb	Maximum value of insured items in each location:
	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Other Depots:	Street Address	Suburb	\$ <input type="text"/>
	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
	Street Address	Suburb	\$ <input type="text"/>
	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

RADIUS OF OPERATION

NB:- Please indicate % of total trips

Prime Movers and Articulated Trailers:

< 200kms % 201-450kms % 451-850kms % >850kms %

Rigid Trucks and Rigid Trailers:

< 200kms % 201-450kms % 451-850kms % >850kms %

TWO UP DRIVING

Two up driving (one driver sleeps in the vehicle, while another drives): **Yes** **No**

If **Yes**, please provide details below.

Percentage of Articulated Operations engaged in Two Up: %

MULTIPLE COMBINATIONS OPERATED

Combinations:

Combined B Doubles	Item No: <input type="text"/>	Highest Combined Value: <input type="text"/>
Combined B Triples	<input type="text"/>	Highest Combine <input type="text"/>
Combined Double Road Trains	Item No: <input type="text"/>	Highest Combined Value: <input type="text"/>
Combined Triple Road Trains	<input type="text"/>	Highest Combine <input type="text"/>
Combined Quadruple Road Trains	Item No: <input type="text"/>	Highest Combined Value: <input type="text"/>
Other Combinations	Item No: <input type="text"/>	Highest Combined Value: <input type="text"/>

DANGEROUS GOODS AND DIESEL CARRIED

Please indicate the type of the Dangerous goods carried:

Class 1: Explosives

Class 4: Flammable Liquids

Class 7: Radioactive Material

Class 2: Gases

Class 5: Oxidising Substances & Organic Peroxides

Class 8: Corrosive Substances

Class 3: Flammable Liquids (inc. Diesel)

Class 6: Toxic & Infectious Substances

Class 9: Miscellaneous

NB:- Cover is excluded for some of the above classes.

Dangerous goods and diesel limit required:

DANGEROUS GOODS AND DIESEL CARRIED

Is Asbestos product or waste carried or moved?
 (Cover is restricted - please refer to your policy wording for details):

Yes No

If **Yes**, please provide details below.

Four horizontal white input bars for providing details.

Number of powered units carrying dangerous goods or Diesel:

< 2t (incl. Utes):	<input type="text"/>	Earthmoving Equipment:	<input type="text"/>
2-4.99t Rigid Trucks:	<input type="text"/>	Mobile Crane:	<input type="text"/>
5-10t Rigid Trucks :	<input type="text"/>	Header/Harvester (excludes logging):	<input type="text"/>
>10t Rigid Truck:	<input type="text"/>	Skid Steer/Chipper/Mulcher/Grinder:	<input type="text"/>
Prime Mover:	<input type="text"/>	Truck Mounted Drill/Excavation:	<input type="text"/>
Misc. Equipment:	<input type="text"/>		

PREVIOUS CLAIMS EXPERIENCE

Period:	Total claim loss \$ for period:	Total number of claims for the period:	Total number of items at inception for each period:	Total sum insured value at inception for each period:
Period 5 (12 months):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Period 4 (12 months):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Period 3 (12 months):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Period 2 (12 months):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current (12 months):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of losses over \$50,000:

Four horizontal white input bars for providing details of losses over \$50,000.

ADDITIONAL RISK INFORMATION

Risk Management processes in place?	Yes	No
Driver selection process in place?	Yes	No
Are health checks undertaken?	Yes	No
Are passengers allowed?	Yes	No
Servicing / maintenance facilities?	Yes	No
Accident repair facilities?	Yes	No

Please provide details here for any questions answered **Yes** above:

GENERAL QUESTIONS

Are we able to meet your client? **Yes** **No**

If the above question was answered **Yes**, what is the best time to meet your client?

FURTHER INFORMATION TO QUOTE

Any other information which you would like to disclose to Us? **Yes** **No**

Any requests for special covers? **Yes** **No**

If the above response is **Yes**, please provide details:

PRIVACY STATEMENT

Purpose of collection

We collect personal information (this information or an opinion about an individual whose identity is apparent or can be ascertained and which relates to a natural living person) for the purposes of providing insurance services to you. This includes evaluating your application, evaluating any request for a change to any insurance provided; providing, administering and managing the insurance services following acceptance of any application; investigating and, if covered, managing claims made in relation to any insurance you have with us. The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose. However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

Disclosure

We may disclose your personal information, when necessary and in connection with the purposes listed above, to: your insurance broker or agent, Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisors.

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We may disclose your personal information, when necessary and in connection with the purposes listed above, to: your insurance broker or agent, Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisors.

Consequences if information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

Access

You can request access to the personal information by contacting us at our address shown on this form.

Your duty of disclosure

We rely upon this information You provide when You apply for insurance, and also when You renew, replace, vary, extend, change or reinstate your Policy. You must tell Us anything You know, or could reasonably be expected to know, that could effect the decision to insure You and/or the items on which You are insured.