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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| All questions are to be answered. If insufficient space, please attach additional information. | | | | | | | | | | | | | |
| Intermediary Name: | | | | | Contact: | | | | | | | | |
| **THE APPLICANT(S)** | | | | |  | | | | | | | | |
| Full Insured Name | |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Postal Address | |  | | | | | | | | | | | |
|  | | | | State | |  | | Postcode | |  | |
| Contact Number(s) | | Phone |  | | | Fax | |  | | | | | |
| Email Address | |  | | | | Web | |  | | | | | |
| Tax Status | | Registered for GST Yes  No | | | | ABN | |  | | | Taxable | | % |
| Period of Insurance | | From |  | | | To | |  | | | At 4pm | | |
|  | |  | | | | | | | | | | | |
| **VEHICLE DETAILS** | | | | | | | | | | | | | |
|  | Vehicle 1 | | | Vehicle 2 | | | Vehicle 3 | | Vehicle 4 | | | | |
| Type of Cover |  | | |  | | |  | |  | | | | |
| Year |  | | |  | | |  | |  | | | | |
| Make (e.g. Nissan) |  | | |  | | |  | |  | | | | |
| Model (e.g. Navara) |  | | |  | | |  | |  | | | | |
| Description (e.g. ST-X, RXD4) |  | | |  | | |  | |  | | | | |
| Body (e.g. ute, cab chassis) |  | | |  | | |  | |  | | | | |
| 4x4 or 2x4 |  | | |  | | |  | |  | | | | |
| Auto/Manual and Litre e.g. 2.4L |  | | |  | | |  | |  | | | | |
| No. of Doors |  | | |  | | |  | |  | | | | |
| Petrol/Diesel/Gas/Electric |  | | |  | | |  | |  | | | | |
| Registration Number |  | | |  | | |  | |  | | | | |
| Engine Number |  | | |  | | |  | |  | | | | |
| Vehicle Value |  | | |  | | |  | |  | | | | |
| Fixed Pest Equip Value |  | | |  | | |  | |  | | | | |
| Fixed Equipment Details |  | | |  | | |  | |  | | | | |
| e.g. Tank, Pump, Reel, Tool boxes |  | | |  | | |  | |  | | | | |
| Non Standard Accessories & Value |  | | |  | | |  | |  | | | | |
| Garaging Postcode |  | | |  | | |  | |  | | | | |
| Main Driver’s Full Name |  | | |  | | |  | |  | | | | |
| Main Driver’s Date of Birth |  | | |  | | |  | |  | | | | |
| Additional Driver’s Full Name |  | | |  | | |  | |  | | | | |
| Additional Driver’s Date of Birth |  | | |  | | |  | |  | | | | |
| Number of drivers under 25yrs old |  | | |  | | |  | |  | | | | |
| No Claim Bonus Rating |  | | |  | | |  | |  | | | | |
| Financier |  | | |  | | |  | |  | | | | |
| Type of Finance i.e. Lease/Secured |  | | |  | | |  | |  | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PREVIOUS EXPERIENCE** | | |  | | | | | | | | |
| 1. Have you during the last five (5) years have you or any other person likely to drive these vehicles:  Had:   1. a claim, accident or car stolen or burnt (even if not reported or not claimed from an insurer)? 2. insurance refused, declined or cancelled by an insurer or any special conditions imposed? 3. a drivers or motorcycle licence cancelled, suspended or endorsed? | | | | | | | | | | | Yes  No  Yes  No  Yes  No |
| 2. Have you had any insurance declined or cancelled, proposal rejected, renewal refused, claim rejected, special  conditions or special excess imposed by an insured? | | | | | | | | | | | Yes  No |
| 3. Been convicted or charged with:   1. drug use, driving under the influence, or exceeding prescribed concentration of alcohol? 2. any driving offences or speeding infringements (other than parking offences)? 3. fraud, arson, theft or any other criminal act? | | | | | | | | | | | Yes  No  Yes  No  Yes  No |
| 3. Suffered from any physical or mental disability (excluding wearing of glasses/lenses)? | | | | | | | | | | | Yes  No |
| - If ‘Yes’ to any of the above please provide details below. If insufficient space, please attach sheet. | | | | | | | | | | | |
| Name of driver | | Date of incident | | Details of incident or act | | | Your insurer | | | Person at fault | |
|  | |  | |  | | |  | | |  | |
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| **PRIVACY** | | | | | | | | | | | |
| We are committed to protecting your privacy. We use the information you provide to us to arrange for and quote on the financial services we provide to you. We only provide personal information to the financial service providers (and their representatives) and those appointed to assist you with claims under policies of insurance. We will not trade, rent or sell the information.  If you don’t provide us with full information, we cannot properly quote / arrange your financial products and provide the service you expect. You can check the personal information we hold about you at any time. For more information about our Privacy Policy Statement, ask us for a copy. | | | | | | | | | | | |
| **DUTY OF DISCLOSURE** | | | | | | | | | | | |
| The law requires you to tell us everything you know (or could reasonably be expected to know in the circumstances) which is relevant to our decision to insure you and the terms on which we insure you. This duty applies before you enter into a contract with us, that is, before we accept your proposal and also each time before you alter or renew the Policy. Each person named as the Insured has the same duty. | | | | | | | | | | | |
| **PENALTY FOR NON-DISCLOSURE** | | | | | | | | | | | |
| If you do not tell us everything necessary, we may: reduce or refuse to pay a claim; or cancel your Policy. If you act dishonestly, we may invalidate the Policy from its beginning and not be bound by it.  You don’t need to tell us anything which: reduces the risk; is common knowledge; we already know or ought to know in the ordinary course of our business; or we indicate we do not want to know. If you are not sure that something is relevant, it is best to disclose it anyway. | | | | | | | | | | | |
| **INADEQUATE SPACE TO ANSWER** | | | | | | | | | | | |
| If there is inadequate space to answer our General Information or other questions or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this application giving full details of additional information. | | | | | | | | | | | |
| **DECLARATION AND SIGNATURE** | | | | | | | | | | | |
| 1. The Duty of Disclosure, Non-Disclosure and Inadequate Space to Answer notices set out above have been read by me/us.  2. All answers and statements made in this application are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance.  3. I acknowledge you reserve the right to decline any application. | | | | | | | | | | | |
| Applicant’s Signature: |  | | | | | | | Date: |  | | |
| Applicant’s Title |  | | | | | | | | | | |