



Transport Operators Insurance Application

Policy Number	
Client Number	
Intermediary Number	

Please answer each question on behalf of ALL PEOPLE TO BE INSURED.
If you need more space to answer questions, attach a separate sheet and sign it.
This form can be used for all goods carrying vehicles where Marine Carriers or Liability cover is selected.
Excesses will vary according to the type of vehicle.

The Applicant/s													
Name(s) of the registered owner(s) of the vehicles (known as the insured)													
Surname						Given name(s)							
Tax status		Registered business Yes <input type="checkbox"/> No <input type="checkbox"/>				ABN				Taxable		%	
Address of registered owner													
										State		Postcode	
Postal address for notices													
										State		Postcode	
Nature of insured's business													
Contact phone numbers		Private ()				Business ()							
Period of insurance		From		/ /		to		/ /		at 4 p.m			

Details of Under 25 and Over 80 Year Old Drivers - <i>If insufficient space please attach a sheet with the relevant information.</i>			
You must advise details on all drivers under the age of 25 or over the age of 80 who will drive any of the vehicles to be insured:			
	Driver's full name(s) Surname	Given name(s)	Date of birth
	Advise registration numbers of all vehicles these drivers will drive		
1.			
2.			
3.			
Please note: Drivers under 25 in relation to Prime Movers and drivers under 21 in relation to rigid vehicles with a GVM greater than 12,000kg (8 Tonne) are excluded from coverage.			

Previous Experience - All Sections - If insufficient space please attach a sheet with the relevant information.

In the last 5 years have you or any other person likely to drive these vehicles:

1. Had:
- (a) a claim, accident or car stolen or burnt (even if not reported or not claimed from an insurer)? Yes No
- (b) insurance refused, declined or cancelled by an insurer or any special conditions imposed? Yes No
- (c) a drivers or motorcycle licence cancelled, suspended or endorsed? Yes No
2. Been convicted or charged with:
- (a) drug use, driving under the influence, or exceeding prescribed concentration of alcohol? Yes No
- (b) any driving offences or speeding infringements (other than parking offences)? Yes No
- (c) fraud, arson, theft or any other criminal act? Yes No
3. Suffered from any physical or mental disability (excluding wearing of glasses/lenses)? Yes No

If you answered 'Yes' to any of the above questions please provide details below.

Name of driver	Date of incident	Details of each incident or act	Your insurer	Person at fault

4. Have you or any other person likely to drive these vehicles ever had a penalty imposed by a regulatory authority in relation to Transport Operations? Yes No

Name of person penalty awarded against				
Cost	\$	Date of Incident	/ /	
Details of Incident 1				

What have you done to prevent recurrence that gave rise to the penalty?

--	--	--	--	--

Name of person penalty awarded against				
Cost	\$	Date of Incident	/ /	
Details of Incident 2				

What have you done to prevent recurrence that gave rise to the penalty?

--	--	--	--	--

Previous Experience - All Sections - If insufficient space please attach a sheet with the relevant information.

Name of person penalty awarded against			
Cost	\$	Date of Incident	/ /
Details of Incident 3			

What have you done to prevent recurrence that gave rise to the penalty?			

Name of person penalty awarded against			
Cost	\$	Date of Incident	/ /
Details of Incident 4			

What have you done to prevent recurrence that gave rise to the penalty?			

Name of person penalty awarded against			
Cost	\$	Date of Incident	/ /
Details of Incident 5			

What have you done to prevent recurrence that gave rise to the penalty?			

5. Is this a new venture or have you been trading for less than two (2) years? Yes No

Please enter details:

Date venture commenced	Details of experience prior to new venture
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	

Section 1: Commercial Motor Vehicle – Details to be Completed for All Vehicles

		Vehicle 1
Type of Cover: Comprehensive (Comp) or Third Party Property Damage (TPPD)		
Make of vehicle e.g. Ford, Holden, Isuzu, Mack, Freightliner etc.		
Model or type e.g. Hino, FF177, Isuzu, NPR, etc.		
Year of manufacture		
Body style: e.g. van, pantech, tray, rigid, articulated etc.		
Registration number		
Engine or VIN number		
Accessories: Please list all accessories fitted to the vehicle that are non standard e.g. Bull bars, air conditioning. Attach list if necessary.		
Your estimate of the Vehicle's 'Market Value' including accessories		\$
If the vehicle has been 'modified', please advise details e.g. lowered, supercharged etc.		
If the vehicle is financed, please advise the type of finance e.g. lease, hire purchase, secured or unsecured bank loan		
Name and address of financier:		
Date of purchase of vehicle		/ /
Price paid for the vehicle (excluding any trade-in or consumer credit insurance)		\$
If the vehicle is imported, has it an Australian Compliance Plate?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the vehicle any existing damage, e.g. dents, scratches, rust or hail?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', give details		
No Claim Discount entitlement (Confirmation of NCD must accompany the proposal)		%
Name of the main driver		
Date of birth of main driver		/ /
Licence details of main driver:		
Licence number		
Class of licence		
No. of years this licence held		
Postcode where vehicle is parked at night		
How parked? e.g. in the street, garaged, etc.		
Goods carried		
Gross vehicle mass		Kg
Occupation e.g. general freight carrier, sand and soil carrier, etc.		
Nature of work undertaken:		
Radius of operations: Vehicles over 3,500 kg gross vehicle mass are limited to 250 km radius unless radius increase is selected.		Km
Maximum speed of vehicle		Km/h

Section 2 – Marine Carriers

Is cover required? (If selected, cover applies to all goods carrying vehicles excluding trailers)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Limit per vehicle: \$500,000, \$750,000, \$1,000,000, \$2,000,000	\$
Limit per location: \$500,000, \$750,000, \$1,000,000, \$2,000,000	\$
Do you enter into contractual agreements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please name the principal contractors(s)	

Section 3 – Liability

Is cover required? (If selected, cover applies to all goods carrying vehicles excluding trailers.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
OFFICE USE ONLY	
Red book code (if applicable)	\$
GST liability premium:	\$
Premium – per vehicle before charges	\$
Standard excess	\$

Basis of Settlement

For all vehicles the Basis of Settlement will be at our option to repair, reinstate or pay the amount of the loss of or damage to your vehicle plus standard accessories and those included on the schedule provided such payment does not exceed the market value at the time of the loss but limited to the amount shown on the Schedule for each vehicle.

Duty of Disclosure

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. The Act requires that before a policy is entered into, you must give us certain information we need to decide whether to insure you and anyone else to be insured under the policy, and on what terms. Your Duty of Disclosure is different, depending on whether this is a new Policy or not.

- **You do not have to tell us about any matter:**

- that diminishes the risk
- that is of common knowledge
- that we know or should know in the ordinary course of our business as an insurer, or
- which we indicate we do not want to know.

- **If you do not tell us**

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

Preventing Our Right of Recovery

If you have agreed not to seek compensation from another person who is liable to compensate you for any loss, damage or liability which is covered by this policy, we will not cover you under this policy (to the extent permitted by law) for that loss, damage or liability.

Other Party's Interests

You must inform us of the interests of all parties (e.g. financiers, lessors) to be covered by this insurance. We will protect their interests only if you have informed us and we have noted them on the schedule.

Privacy

QBE includes information about how we manage your personal information in our Product Disclosure Statements and Policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website www.qbe.com or contact the Compliance Manager on 02 9375 4656 or email compliance.manager@qbe.com for further information.

Declaration and Authorisation

Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants.

1. I/We have received a copy of the Policy Terms and Conditions.
2. I/We declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I/We authorise QBE Insurance (Australia) Limited ABN 78 003 191 035 to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.

Applicant's Signature as owner(s)
of the vehicles to be insured

Date

/ /

Date

/ /

Office Use Only

Accepted by (Name)					Date	/ /
	Premium payable	Fire Services Levy	GST	Stamp Duty	Total Amount Payable	
Commercial Motor Premium						
Marine Carriers Premium						
Liability Premium						