

Proposal form

Zurich Motor Insurance



Important information – Please read the following before completing this proposal.

Privacy

Zurich respects your privacy. Before we collect personal information you should know the following things:

We require personal information about you to assess your request for insurance and to administer the policy.

- Where relevant for this purpose, we will disclose your personal information (other than sensitive information such as health information) to your intermediary.
- We will also, where relevant, disclose your personal information, including sensitive information, to our service providers (including loss adjusters, administrators, reinsurers) and to our business partners for this purpose. By submitting your personal details, you consent to those organisations collecting and us disclosing personal and sensitive information about you for this purpose.
- A list of the type of service providers and business partners we commonly use is available on request, or on our website. Go to www.zurich.com.au and click on the Privacy link on our home page.
- If you do not provide the requested information, your proposal may not be accepted, we may not be able to administer your policy or you may breach your duty of disclosure, the consequences of which are set out in the Duty of Disclosure notice.
- We may also disclose personal information about you where we are required or permitted to do so by law.
- In most cases, on request, we will give you access to the personal information we hold about you. In some circumstances, we may charge a fee for giving you access, which will vary but will be based on our costs.

If you would like to find out more, you may contact us by telephone on 132 687 or email at Privacy.Officer@zurich.com.au or in writing to:

The Privacy Officer
Zurich Australian Insurance Limited
PO Box 677, North Sydney, 2059

Duty of Disclosure

Before you enter into this contract of insurance with us, the Insurance Contracts Act 1984 requires you to tell us everything of which you are aware, which you know, or which a reasonable person in the circumstances could be expected to know is relevant to our decision, whether and on what terms, your proposal for insurance is acceptable and to calculate the premium required for your policy.

The Act imposes a different duty the first time you enter into the policy with us, from the duty that applies when you renew, vary, extend, reinstate or replace your policy. We set these duties out below.

Your duty of disclosure applies when you enter into this policy with us for the first time

You will be asked various questions when you first apply for this policy. When you answer these questions, you must:

- give us honest and complete answers;
- tell us everything you know;
- tell us everything that a reasonable person in the circumstances could be expected to tell us.

Who needs to tell us

It is important that you understand, that you are disclosing to us and answering our questions for both you and anyone else who you want to be covered by the policy.

Policy Number

Intermediary

Duty of Disclosure (continued)

If you do not tell us

If you do not answer our questions honestly or do not properly disclose to us, we may reduce or refuse to pay a claim or may cancel the policy. If you act fraudulently in answering our questions or not disclosing to us, we may refuse to pay a claim or treat the policy as never having existed. This would mean that you were never insured.

Your duty of disclosure applies when you renew, vary, extend, reinstate or replace your policy.

When you renew, vary, extend or reinstate your policy, your duty is to tell us before the renewal, variation, extension or reinstatement, every matter known to you, which:

- you know; or
- a reasonable person in the circumstances could be expected to know;
- is relevant to our decision whether to insure you and, if so, on what terms.

What you do not need to tell us when you renew, vary, extend or reinstate your policy

You do not need to tell us about any matter:

- that diminishes our risk;
- that is of common knowledge;
- that we know or should know as an insurer; or
- that we tell you we do not need to know.

Non-disclosure or Misrepresentation

If you make a misrepresentation to us, or if you do not comply with your duty of disclosure and we issue your policy with terms and conditions that are different to the terms and conditions that would have been issued had there not been any misrepresentation, or your duty of disclosure had been complied with, then:

- we may reduce the cover provided, so that we are placed in the same position as we would have been in, had there not been any misrepresentation and your duty of disclosure had been complied with; and
- we may also cancel your policy; or
- we may treat your policy as if it never existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.

Reasonable precautions and fraudulent acts

You must take all reasonable precautions for the maintenance and safety of the Insured Property and prevention of loss. We will not be liable for any loss, damage, injury or liability arising from a deliberate or fraudulent act committed by you or on your behalf.

Policy details

For full details of cover, please refer to the Product Disclosure Statement and Policy wording which sets out the terms and conditions of covered offered. This is available from your intermediary or your local Zurich branch office.

All questions in this proposal form must be answered

Proposed period of insurance							
Period of insurance:	From	/	/	To	/	/	at 4pm

Details of those proposed to be insured		
Full names of all persons and companies to be insured		
Full name of proposer(s)		
.....		
Trading name		
.....		
ABN		
.....		
What proportion of this insurance premium are you claiming as an Input Tax Credit?		%
.....		
Your postal address		
.....		
		State
		Postcode
.....		
Contact details		
Business ()		Fax ()
.....		
Mobile		Email
.....		
Please describe the main activities of your business		
.....		
.....		
Number of years the business has been established		Years
.....		
Name of other interested party		
.....		
Address of other interested party		
.....		
		State
		Postcode
.....		

General information	
Has any insurance company refused to meet a claim lodged by you or by any person named as the proposer herein, in respect of motor insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please provide details	
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Has any insurance company succeeded in denying a claim lodged by you or any person named as the proposer herein, on the grounds of non-disclosure, misrepresentation and/or fraud, in respect of motor insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please provide details	
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Do you have, or intend to have, any additional insurance with any other insurer in connection with motor insurance in respect of the same property of risk as you are now proposing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please provide details	
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General information (continued)

Is there any additional information or detail of which you are aware and which may assist the Zurich to better assess the nature of the risk?

Yes No

If 'Yes', please provide details

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Has any insurance company in connection with this class of insurance

(a) declined to accept a proposal from you? Yes No

(b) cancelled a policy, contrary to your wishes? Yes No

(c) declined to renew a policy, contrary to your wishes? Yes No

If 'Yes', please provide details

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Commercial Motor section

Name	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Year of manufacture				
Make of vehicle				
Model of vehicle				
Description, i.e. semi trailer, rigid body, tipper or trailer, concrete agitator, earthmoving plant, sedan, panel van etc.				
State under each vehicle which of the following options of cover you require: Please <input checked="" type="checkbox"/> tick which cover is required for each vehicle				
Option 1 – Comprehensive Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option 2 – Own Damage Only Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option 3 – Third Party Property Damage Only Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option 4 – Third Party Property Damage, Fire & Theft Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option 5 – Fire & Theft Only Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is the purpose for which the vehicle(s) is/are used? e.g. Business or Private				
Chassis, VIN, Engine number or Serial number				
Registration Number				
Present Value/Market Value (Excluding Accessories)	\$	\$	\$	\$
Please list below all accessories that are not factory standard equipment and show the value for each vehicle, e.g. air-conditioning, bull bars, CD players, two way radios, gates, chains & tarps.				
1. Stereo/CD and or Stacker	\$	\$	\$	\$
2. Mag Wheels and/or Trim	\$	\$	\$	\$
3. Tow/Bull Bar	\$	\$	\$	\$
4. Two way/CB Radio	\$	\$	\$	\$
5. Body Kit/Spoiler	\$	\$	\$	\$
6. Air conditioning	\$	\$	\$	\$
7. Security System	\$	\$	\$	\$
8. Sunroof	\$	\$	\$	\$
9. Caravan Annex	\$	\$	\$	\$
10. Gates, chains and tarps	\$	\$	\$	\$
11. Other (Unlisted) accessories	\$	\$	\$	\$
Sum Insured Value – it is recommended the market value (exclusive GST) plus the amount specified for accessories be the maximum Sum Insured.	\$	\$	\$	\$
No claim bonus for each vehicle				
Current Insurer				
Policy Number				
Current No Claim Bonus for each vehicle				
If vehicle is subject to Finance, please state type of finance e.g. Hire purchase, Novated Lease, Bill of Sale etc				
If vehicle is financed, place name of the Finance Company under each vehicle				
Where is the home base for each vehicle? Supply town name and postcode – if each vehicle works from the same home base, only answer for one vehicle				
State the maximum distance the vehicle will be used from its home base				
Do you require cover for non-owned trailer liability? If 'Yes', please choose one of the following options, i.e. \$50,000, \$100,000 or \$150,000	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000
If goods carrying, please describe the goods carried e.g. bricks, sand & metal, general carrying etc				
Carrying capacity				
If vehicle is a sedan or utility, please nominate if automatic or manual				

NOTE: DOCUMENTARY PROOF OF NO CLAIM BONUS IS MANDATORY AND MUST ACCOMPANY THIS PROPOSAL.

Limit of liability is required for Third Party Property Damage

Please tick in box alongside the Limit of Liability required

\$20,000,000 Yes Or please specify amount required \$

The proposer and other driver's questionnaire

Please tick the appropriate box.

Have any of the persons who will drive any of your vehicles/plant:

- (a) had any motor insurance and/or claims refused and/or cancelled and/or imposed special terms in the last five (5) years? Yes No
- (b) had any convictions for driving under the influence of alcohol or drugs (DUI) and/or exceeding the prescribed content of alcohol (PCA) in the last five (5) years? Yes No
- (c) had a licence suspended or cancelled in the last five (5) years? Yes No
- (d) been convicted of a total of more than two (2) traffic offences (excluding parking) in the last five (5) years? Yes No

Are any of your vehicles/plant involved in the carriage or use of the following:

- (a) Flammable Liquids, Gases, Chemicals or explosive substances previously assessed? Yes No
- (b) Refrigerated transport (only answer 'Yes' to this question if the vehicle involved in refrigerated transport has over 10 tonne carrying capacity, i.e. a Prime Mover or Semi Trailer)? Yes No
- (c) Livestock? Yes No
- (d) Logging? Yes No

Do any of your vehicles operate as Road Trains (i.e. more than two (2) goods-carrying trailers being towed by one vehicle)? Yes No

Are any of the vehicles/plant involved in work above the 26° parallel in Western Australia or the Northern Territory? Yes No

Are any of the vehicles insured used for charter purposes? Yes No

If 'Yes' to any of these questions, please provide full details

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Give personal details below of all persons (including yourself) who to your knowledge will drive the vehicles/plant (We reserve the right to ask for a separate driver declaration form to be completed by each driver)

Driver (Name of principal driver first)	Year of birth	Year licensed	Number of claims					No. of driving offences last five (5) years
			This year	Last year	2 years ago	3 years ago	4 years ago	

Give details of all accidents, claims or losses during the last five (5) years (whether to blame or not) involving any vehicles/plant owned or insured by you or by any of the persons named above.

State 'NIL' if no claims OR

Driver's name	Date of loss	Circumstances of the loss	Insurance company	Total cost \$

Earthmoving vehicles or plant

Are any of your vehicles/plant involved in earthmoving, bush clearing or civil construction? Yes No
 If 'Yes', please answer all of the questions below.

Are any of your vehicles/plant used or expected to be used:

- (a) on, in, over, or under water? Yes No
- (b) in sand or beach operations? Yes No
- (c) in logging, forestry or bush clearing? Yes No
- (d) in demolition? Yes No
- (e) in connection with exploration, hazardous gases or any other hazardous occupation? Yes No
- (f) in underground mining or tunnelling? Yes No

Are any of the vehicles/plant let out on a:

- (a) 'dry hire' basis (i.e. without your operator being in charge)? Yes No
- (b) 'wet hire' basis (i.e. with your operator being in charge)? Yes No

If 'Yes' to any of these questions, please provide full details

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Premium summary (office use only)

Sections available	Premium Payable	Fire Service Levy	GST	Stamp Duty	Total Payable
Motor Vehicle – 1	\$	\$	\$	\$	\$
Motor Vehicle – 2	\$	\$	\$	\$	\$
Motor Vehicle – 3	\$	\$	\$	\$	\$
Motor Vehicle – 4	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$

Declaration

I/we in effecting insurance in accordance with the information provided in this proposal, declare and warrant:

- (a) the statements in this proposal form are true.
- (b) I/We have disclosed all matters which to my/our knowledge you should be aware of.
- (c) no insurance company has ever cancelled, declined or refused to renew or imposed special terms or cancelled any policy held by me/us.
- (d) that I/we agree to accept the terms, exclusions, conditions and limitations of the Zurich Motor Insurance contract.

Signature of proposer(s)	Date
X	/ /
X	/ /

THANK YOU FOR COMPLETING THIS PROPOSAL