

Client no.	
Policy no.	
Intermediary	

Public Liability Proposal Form

YOUR LEGAL DUTY OF DISCLOSURE

We draw your attention to **Your Duty of Disclosure** as required by the **Insurance Contracts Act 1984**. You are required to disclose all relevant facts to us so that we can make an informed assessment of the risk to be insured, the terms and conditions of the policy and calculate the appropriate premium.

You do not have to disclose any matter that is of common knowledge that we already know or ought to have known as an insurer, or that we tell you we do not need to know, or any matter that diminishes our risk. If you do fail to disclose any matter, we may be entitled to reduce our liability in respect of a claim or cancel your policy. If the non-disclosure is fraudulent, we may be able to avoid the contract of insurance from its beginning. This would have the effect that you were never insured with us and therefore no claims would be considered.

Your Duty of Disclosure also extends to every time you vary, endorse, extend, renew, reinstate or replace your policy. If you have any questions in relation to your duty, please contact your insurance advisor, intermediary, or, our office before you sign this proposal.

PROPOSER DETAILS

Proposer's Full Name/s: _____

Trading Name: _____

Postal Address: _____

State: _____ Post Code: _____

Street Address: _____

State: _____ Post Code: _____

Depot Address: (If more than 1, attach list separately) _____

State: _____ Post Code: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____

PROPOSED PERIOD OF INSURANCE

From: _____ / _____ /20 to _____ / _____ /20 **4.00pm local standard time.**
(Insured period cannot exceed 12 months)

REQUIRED LIMIT OF LIABILITY (Please tick the required amount)

\$5million \$10million \$20million

Excess Required: \$500 \$1,000

OCCUPATION and other BUSINESS ACTIVITIES

Important Information

The standard Austruck Public Liability Wording only provides Liability cover for Your Occupation as a **Cartage Contractor** and does not provide cover for any other business activities. Please list below any additional Occupations or business activities in which You are involved. Cover for these Occupations or business activities will only be provided under written consent of the Underwriter and will be noted on the Schedule.

1.	Percentage of T/Over	%
2.	Percentage of T/Over	%
3.	Percentage of T/Over	%
4.	Percentage of T/Over	%
5.	Percentage of T/Over	%

ADDITIONAL INFORMATION

Do You store any fuel underground: Yes No

If **'Yes'** to the above, amount of storage in litres _____ litres

Do You store more than 10,000 litres of fuel in above ground tanks: Yes No

If **'Yes'** to the above, amount of storage in litres _____ litres

And, does storage site have Bunding: Yes No

Do you store or transport any other Dangerous Goods as described under the Australian Dangerous Goods Code: Yes No

If **'Yes'**, please supply details including quantities:

Do You repair your own Vehicles: **(excluding general maintenance)** Yes No

Do You repair other Vehicles: **(including maintenance & Mechanical)** Yes No

Do You store other peoples Goods for more than 24hrs: Yes No

If **'Yes'**, please supply details of Goods Stored and maximum amount in Dollars at any one time:

Do You own or lease any of the premises from which you conduct Your Occupations: Yes No

If **'Yes'**, please supply details:

Do You lease out or rent any premises to other parties: Yes No

If **'Yes'**, please supply details:

How many powered units do you operate:

(including all trucks/prime movers, forklifts, earthmoving equipment, utilities, any other self propelled machine)

How many powered subcontractors units will be employed:

Will you pay more than \$50,000 to subcontractors or in fees to Labour Hire Firms in the Policy Period: Yes No

If **'Yes'**, how much:

\$ _____

PROPOSERS HISTORY

Have you ever had a Public Liability or any other Insurance policy declined, cancelled, renewal refused or had any special conditions imposed in relation to Insurance coverage: Yes No

If **'Yes'**, please supply details:

Have You ever lodged a claim in connection with a Public Liability Policy Yes No

If **'Yes'**, please supply details below:

Year	Details	Cost
		\$
		\$
		\$
		\$

Have You ever had a Public Liability Claim declined: Yes No

If **'Yes'**, please supply details:

Have You ever had been convicted of a Criminal Offence: **(In last 10 Years only)** Yes No

If **'Yes'**, please supply details:

Have You, or any business with which You have been involved ever been bankrupt, been in liquidation (voluntary or otherwise), been wound up or had any default judgement entered: Yes No

If **'Yes'**, please supply details:

DECLARATION

I/We confirm that the answers given in this proposal are true and correct in all respects. I/We also confirm that no Insurance is in force until such time that the Insurer accepts this proposal of insurance and that this proposal forms the basis of the insurance contract between Me/Us and the Insurer. Where the answers are not in My/Our handwriting, I/We agree that they have been checked for accuracy and certify them as correct.

All proposers must sign and date this proposal form below before cover is affected.

Proposers Name _____ Date: _____ / _____ /20

Signature _____ Time _____ am/pm

Proposers Name _____ Date: _____ / _____ /20

Signature _____ Time _____ am/pm

PRIVACY STATEMENT

The Privacy Act 1988 regulates the way We can collect, handle, store and disclose Your personal and sensitive information in order to decide whether to issue a Policy, determine terms and conditions of the Policy, compile data and handle claims.

We will only use and disclose Your personal information for a purpose You would reasonably expect. For example, in handling claims We may have to supply Your personal information to third parties such as other insurers, reinsurers, external claims data collectors, loss adjusters, investigators and agents or other parties as required by law. We limit the use and disclosure of any personal information provided by Us to them to the specific purpose for which We supplied it.

By providing Your personal information to Us, You consent to Us making these disclosures. Without Your personal information We may not be able to issue insurance cover to You or process Your claim.

We do not trade, rent or sell your information.

You also have the opportunity to find out what personal information We hold about You and when necessary, correct any errors in this information. Please contact Us if You would like to obtain access to, or amend Your personal information or feel that the information We currently have is incorrect or incomplete or believe that the privacy of Your personal information has been interfered with.

In these cases You are entitled to raise your concerns, Your complaint will be managed and resolved through Our internal Privacy Complaint Procedure.

Should You wish to obtain more information about Our Privacy Principles, please contact Us.



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