



ZURICH®

Zurich Motor Insurance

Proposal

Completing the Proposal form

1. This application must be completed in full including all required attachments.
2. If more space is needed to answer a question, please attach a separate sheet with details.
3. The terms proposer, whenever used in this proposal form shall mean the insured listed and all subsidiary companies of the insured for which coverage is proposed under this proposal.
4. The terms insured and subsidiaries have the same meaning in this proposal form as in the policy.

Duty of Disclosure

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984 (Cth).

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

You have this duty until we agree to insure you.

If you do not tell us something

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Privacy

Zurich is bound by the Privacy Act 1988. We collect, disclose and handle information, and in some cases personal or sensitive (eg health) information, about you ('your details') to assess applications, administer policies, contact you, enhance our products and services and manage claims ('Purposes'). If you do not provide your information, we may not be able to do those things. By providing us, our representatives or your intermediary with information, you consent to us using, disclosing to third parties and collecting from third parties your details for the Purposes.

We may disclose your details, including your sensitive information, to relevant third parties including your intermediary, affiliates of Zurich Insurance Group Ltd, insurers, reinsurers, our service providers, our business partners, health practitioners, your employer, parties affected by claims, government bodies, regulators, law enforcement bodies and as required by law, within Australia and overseas.

We may obtain your details from relevant third parties, including those listed above. Before giving us information about another person, please give them a copy of this document. Laws authorising or requiring us to collect information include the Insurance Contracts Act 1984, Anti-Money Laundering and Counter-Terrorism Financing Act 2006, Corporations Act 2001, Autonomous Sanctions Act 2011, A New Tax System (Goods and Services Tax) Act 1999 and other financial services, crime prevention, trade sanctions and tax laws.

Zurich's Privacy Policy, available at www.zurich.com.au or by telephoning us on 132 687, provides further information and lists service providers, business partners and countries in which recipients of your details are likely to be located. It also sets out how we handle complaints and how you can access or correct your details or make a complaint.

1 Proposed period of insurance

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

2 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

3 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 No

If 'Yes', please provide details

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 No

If 'Yes', please provide details

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 No

If 'Yes', please provide details

3 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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4 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? | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$50,000 |
| If 'Yes', please choose one of the following options, i.e. \$50,000, \$100,000 or \$150,000 | <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000 | <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000 | <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000 | <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.

7 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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8 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 | \$ | \$ | \$ | \$ | \$ |

9 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