



**ZURICH**<sup>®</sup>

# 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](http://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

.....

.....

.....

.....

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

.....

.....

.....

.....

#### 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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Option 2 – Own Damage Only Cover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Option 3 – Third Party Property Damage Only Cover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Option 4 – Third Party Property Damage, Fire & Theft Cover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Option 5 – Fire & Theft Only Cover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.**

## 5 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 \$

## 6 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

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 \$

## 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

.....

.....

.....

.....

## 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**