



PROPOSAL FORM

YELLOW COVER

SECTION 1: GENERAL INFORMATION

Policy Details

Start Date

Start Date

General Details

Insured Name:

ABN:

Trading As Name:

Customer Contact Details

Phone Number

Email Address

SECTION 2: MOBILE PLANT AND MOTOR VEHICLE

What is the business' occupation?

Number of years operating the business

Number of workers (employees + subcontractors + labour hire)

Total estimated annual turnover

\$

What is the base of operation?

BASE 1:

BASE 2:

BASE 3:

Are you claiming exemption from the NSW Stamp Duty?

Yes

No

SECTION 2: MOBILE PLANT AND MOTOR VEHICLE

Business History

Has the Insured (including any directors and proprietors of the business) had any criminal convictions (including non-custodial sentences) in the past 10 years?

Yes No

Has the Insured had any Insurance declined, cancelled, refused or special conditions / terms imposed or claim refused in the past 5 years?

Yes No

Has the Insured had more than one instance of Commercial Bankruptcy, Administration, Liquidation, Receivership or Insolvency in the past 5 years OR Is the Insurance currently in Commercial Bankruptcy, Administration, Liquidation, Receivership or Insolvency?

Yes No

If you selected 'Yes' to any of the above, please provide more information:

Transport Association number

Plant & Vehicle

What is the proportion of work and plant usage within metro area of capital city?

High Risk Activities

Please select all the High Risk Activities that are performed by the business

- Accessing or operating airside or on airfields
- Blasting or explosives work
- Operating on or in close proximity to rail tracks
- Operating underground at any time
- Operating on or over water
- Oil / petrochemical / gas extraction and / or exploration
- Remote controlled Vehicle / Mobile Plant
- UAV (Drone) equipment
- Prototype vehicle / Mobile Plant including Prototype Modifications
- Any activities involving asbestos or asbestos waste, including demolition, removal and cartage
- Any activities involving Dangerous Goods Radioactive (class 7) or Infectious Substances (class 6.2) including cartage

SECTION 2: MOBILE PLANT AND MOTOR VEHICLE

Optional Extensions

Do you require any of the following Optional Extensions?

Mobile Plant Damage Waiver

Yes No

Do you have a written hire agreement that requires you to insure the hirer against damage to Your Mobile Plant and / or release the hirer from liability for damage to Your Mobile Plant?

Yes No

Hired in Plant - Blanket Cover for Unspecified Item(s)

Yes No

Annual Hiring Cost

\$

Limit Any One Item

Limit Any One Event

Ongoing Hire Costs

Yes No

Limit per Period

Down Hole cover

Limit per Period

Crane Multi Lift cover

Yes No

Substitute Hire Costs cover

Yes No

Limit per Period

Overseas Airfreight cover

Yes No

Limit per Period

Ongoing Hire Costs cover

Yes No

Limit per Period

Finance Payment Protection Cover

Yes No

Limit per Period

Market Value Plus - Mobile Plant Cover

Yes No

Driving Information

Has the Insured or any drivers for the Insured had any of the following in the last 5 years:

- Any convictions in relation to dangerous, Negligent or Culpable Driving and / or road rage in any motor vehicle; or
- Any driving license disqualified, suspended, cancelled or amended more than once; or
- Any critical breach of Fatigue Management or Work Diary related offences; or
- Received any convictions for either driving Under the Influence or speed limiter interference offences in a motor vehicle over 3.5 tonne GVM

Yes No

For further information on driver acceptance, including minimum driving experience required for heavy vehicles, please refer to our [Driver Acceptance Guide](#).

Mobile Plant & Vehicles

Confirm required vehicle information:

Item No.	Year/Make/Model	Body Type	Reg. Type	Reg. Number	No./Serial No.	Sum Ins.*	Radius
1						\$	
2						\$	
3						\$	
4						\$	

SECTION 3: PUBLIC AND PRODUCTS LIABILITY

Cover Details

Do you require this product? **Yes** **No** Liability Limit: \$5m \$10m \$20m \$30m \$50m

Occupation Details

Please ensure the occupations below completely describe the business. Once authorised, these will be the only occupations covered by the policy.

Occupation Details	Turnover %
<input type="text"/>	% <input type="text"/>
<input type="text"/>	% <input type="text"/>
<input type="text"/>	% <input type="text"/>

Does the business derive a turnover from a property that is leased out? **Yes** **No**

If yes, please specify the address of the property that is leased out to a tenant, each Tenant's Name and Business Activities at this property

Does the business use Subcontractors? **Yes** **No**

Number of Subcontractors

Annual payments to Subcontractors \$

Please list all activities of Subcontractors

Does the business use Labour Hire Staff? **Yes** **No**

Number of Labour Hire Staff

Annual Payments for Labour Hire firms \$

Please list all activities of Labour Hire Staff

Tool of Trade Items

Does a Principal need to be noted on the COC or Policy? **Yes** **No**

If a Principal or an Interested Party needs to be noted on the Liability, add details here

Does the business agree to assume the liability of others or provide waivers or warranties under any contract? **Yes** **No**

If yes, please provide details

SECTION 3: PUBLIC AND PRODUCTS LIABILITY

Care Custody and Control

Care, Custody and Control Limit

\$

Storage Income

\$

Property in Your Care, Custody & Control

Vibration Cover Limit

High Risk Activities

The following are high risk activities. Please select those that apply.

- | | |
|---|--|
| <input type="checkbox"/> Accessing or operating airside or on airfields | <input type="checkbox"/> Piling |
| <input type="checkbox"/> Arborist / Tree Surgeon / Tree Lopping | <input type="checkbox"/> Products sold / supplied / manufactured / imported / exported |
| <input type="checkbox"/> Bush Fire controls or Fire fighting (excluding emergency requests) | <input type="checkbox"/> Scaffolding |
| <input type="checkbox"/> Concrete pumps or cement / concrete manufacturing | <input type="checkbox"/> Storage of Dangerous Goods |
| <input type="checkbox"/> Construction or Maintenance of Tailing Dams | <input type="checkbox"/> Underground/Tunnelling Works |
| <input type="checkbox"/> Explosive/blasting | <input type="checkbox"/> Underpinning |
| <input type="checkbox"/> Mechanical repairs to third party owned vehicles | <input type="checkbox"/> Waste facility or landfill or waste management beyond cartage |
| <input type="checkbox"/> Oil/petrochemical refinery or gas production/exploration | <input type="checkbox"/> Works on rail / within a rail corridor |

Liability claims

Please provide details of Liability claims you have had in the last 5 years

SECTION 4: DOWNTIME

Cover Details

Do you require this product?

Yes No

SECTION 5: WORK TOOLS

Cover Details

This product covers you for accidental damage or theft up to a total value of \$40,000.

Unspecified business items

Individual items valued at less than \$2,000 each can be grouped together in this section as 'unspecified items'.

How much do you want to insure your unspecified items for?

Portable Electronics \$

Work Tools \$

Specified business items

Individual items valued at more than \$2,000 must be specified individually.

What type of tool would you like to insure?	Description	Cost to replace item
<input type="checkbox"/> Portable Electronic <input type="checkbox"/> Work Tools	<input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Portable Electronic <input type="checkbox"/> Work Tools	<input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Portable Electronic <input type="checkbox"/> Work Tools	<input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Portable Electronic <input type="checkbox"/> Work Tools	<input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Portable Electronic <input type="checkbox"/> Work Tools	<input type="text"/>	\$ <input type="text"/>

Work Tools Claims

If above has 4 or more claims, please duplicate in accordance with above selection:

Claim No.	Date of Claim	Estimated Cost	Description
1	/ /	\$	
2	/ /	\$	
3	/ /	\$	

PRIVACY STATEMENT

Purpose of collection

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of providing insurance services to you. This includes evaluating your application, evaluating any request for a change to any insurance provided; providing, administering and managing the insurance services following acceptance of an application; investigating and, if covered, managing claims made in relation to any insurance you have with us. The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose.

However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

Disclosure

We may disclose your personal information, when necessary and in connection with the purposes listed above, to: your insurance broker or our agent, Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical, health professionals, legal and other professional advisers.

Consequences if information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

Access

You can request access to the personal information by contacting us at our address shown on this form.

YOUR DUTY TO DISCLOSE

Before you enter into a contract of general insurance with an insurer, you have a duty, under the 'INSURANCE CONTRACTS ACT 1984', to disclose to the insurer every matter that you know, or could be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Non Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Average/Underinsurance

his Policy contains an average clause. This means that we require you to insure for the market value. If you do not do so, and you are underinsured, we will pay you less in the event of any claim, proportionate to the amount of underinsurance. In particular, the

amount we will pay is the proportion that the sum insured bears to 80% of the market value, subject to the precise conditions set out in the Policy.

Third Party Interests

You must inform us of the interests of all third parties this insurance. Noting of their interest will not entitle them to be covered as an insured but merely to be given notice of any cancellation lapsing or proposed payment of total loss claim. Their interest will not be protected even to this extent if they are not noted on the policy.

Subrogation Agreements

Where another person, other than a person exempted by law, is liable to compensate you for any loss or damage covered by the policy, but you have agreed with, or given an undertaking to that person without our written authority, either before or after the loss or damage occurred that you would not seek to recover any moneys from that person, we will not cover you under the policy for any such loss or damage.

DECLARATION

I/We hereby jointly and/or severally understand the advice given in relation to the DUTY OF DISCLOSURE, AVERAGE, THIRD PARTY INTERESTS and SUBROGATION.

I/We jointly and/or severally understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance. I/We hereby jointly and/or severally hereby agree that if at the request of the company, within 14 days of receiving notice thereof, to obtain from the Commissioner of Motor Transport of the Authority having charge of the same, a complete and up to date record of offences in respect of the same which I have been reported and/or convicted. I/We hereby and/or severally and/or severally declare that the above particulars and statements are true and I/We agree that this proposal and declaration shall be the basis of the contract between Me/Us and the company and be incorporated therein. I/We affirm that I/We have not withheld any information likely to affect the acceptance of this proposal.

Proposer signature:

I Date / /

(If more than one insured all to sign)

Where the answers are not in My/Our handwriting, they have been checked jointly and/or severally by Me/Us and certified as correct.

Proposer signature Date / /

(if more than one insured; all to sign)

Date / /

This form is provided for quotation and underwriting purposes only and does not constitute acceptance of insurance cover. Any insurance offered is subject to underwriting assessment, acceptance by the insurance provider, payment of premium, and issuance of policy documentation. The applicant must take reasonable care not to make a misrepresentation when answering questions in this form, as incorrect or incomplete information may affect cover or claims.

When making decisions about our insurance, consider the relevant PDS and TMD on nti.com.au. Insurance products are provided by National Transport Insurance, a joint venture of the insurers CGU Australia Pty Ltd trading as CGU Insurance ABN 62 004 478 960 AFSL 700014 and AAI Limited Trading as Vero Insurance ABN 48 005 297 807 AFSL 230859 each holding a 50% share. National Transport Insurance is administered on behalf of the insurers by its manager NTI Limited ABN 84 000 746 109 AFSL 237246.