

PROPOSAL FORM**BUS PROPRIETORS MOTOR VEHICLE INSURANCE
BUSES, COACHES & ANCILLARY VEHICLES**

Period of insurance requested: FROM _____ / _____ / _____ TO _____ / _____ / _____ at 4.00pm

Name of Insured _____

ABN No. _____ ITC% _____

Primary Depot Address of Insured _____

Suburb _____ State _____ Postcode _____

Internet Website Address: _____

SUPPLEMENTARY DEPOT ADDRESS

_____ State _____ Postcode _____

_____ State _____ Postcode _____

_____ State _____ Postcode _____

Have your vehicles been insured in the last three (3) years? YES NO

If Yes, who with? _____ Policy No. _____ Excess \$ _____

In respect of any Motor Vehicle Insurance proposed or effected by you, has any Insurer:

• Declined such proposal or cancelled or refused to renew such policy? YES NO

• Imposed a Compulsory Excess; YES NO

• Over your entire fleet? YES NO If Yes, Excess imposed \$ _____

• On any particular driver? YES NO Name: _____

Do you conduct vehicular operations involving any insured vehicles airside of any airport/airfield or in any underground mine? YES NO

If Yes, please provide full details:

Do you require cover for drivers 80 years or older?

YES

NO

This cover is excluded unless noted and agreed
(additional information will be required prior to approval)

THE BUSINESS – VEHICLE PURPOSE: (MUST EQUAL 100%)

<input type="text"/> % Self/Drive Hire (Must attach Hire Agreement)	<input type="text"/> % Airport, Hotel, Motel Transfers
<input type="text"/> % School Bus Only	<input type="text"/> % Community Services
<input type="text"/> % School Bus and Local Charter	<input type="text"/> % Route Services
<input type="text"/> % General Charter	<input type="text"/> % Hospitality Industry
<input type="text"/> % General Charter/Interstate Tours	<input type="text"/> % Private
<input type="text"/> % Mine To Accommodation Transfers Only	<input type="text"/> % Mine To Airport, Hotel Motel Transfers Only

Schedule of vehicles to be insured

YEAR	VEHICLE	COVER REQUIRED PLEASE TICK (✓)			ENG/VIN NO.	REG NO.	SUM INSURED Must include standard/non standard factory/ non factory accessories (Excluding GST)	FINANCE
		Sections 1&2 Own Damage & Third Party Liability	Section 1 Only Own Damage	Section 2 Only Third Party Liability				

Have any vehicles been involved in accidents/incidents during the last five years?

If Yes, complete the schedule below:

YES

NO

DATE OF LOSS	VEHICLE	REG NO.	DRIVER'S NAME	INCURRED \$	ACCIDENT DESCRIPTION	AT FAULT?

Are you a member of a State Association? Please indicate which one from the list below:

VIC – BusVIC

SA - SABUS

TAS – Tasmania Bus Association

NSW - BusNSW

WA – BCAWA

QLD - QBIC

SA – BCASA

WA - WARTA

Other _____

Association Member No. _____

Has the Company/Business, its Proprietors and/or Directors every been convicted of any criminal offence or any offence under State Legislation concerning the operation of buses or coached within the past (10) years?

YES

NO

If Yes, please supply official police record/document with date of conviction, name of proprietor/director and details.

IMPORTANT NOTICES

The information you provide in this document and through any other documentation, either directly or through your insurance broker, will be relied upon by the insurers to decide whether or not to accept your insurance as proposed and if so, on what terms.

Every question must be answered fully, truthfully and accurately. If space is insufficient for your answer, please use additional sheets, sign and date each one and attach them to this document.

If you do not understand or if you have any questions regarding any matter in this document, including the **Important Notices**, please contact us or your insurance broker before signing the **Declaration** at the end of this document.

Unless we have confirmed in writing that temporary cover has been arranged, no insurance is in force until the risk proposed has been accepted in writing by us and you have paid or agreed to pay the premium.

AGENT OF THE INSURERS

Australian Bus & Coach Underwriting will be acting as the agent of the insurers and not as your agent when issuing insurance policies, dealing with or settling claims. This is an important document, please read it carefully.

DUTY OF DISCLOSURE

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 reasonably 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. Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in ordinary course of its business, ought to already know;
- as to which compliance with your duty is waived by the insurer

NON-DISCLOSURE

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its 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 voiding the contract from its beginning.

PRIVACY

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at www.austagencies.com.au

Please access and read this policy.

If you have any queries about how we handle your personal information or would prefer to have a copy mailed to you, please ask us.

If you wish to access your file please ask us.

DECLARATION AND AUTHORISATION

This **Declaration** must be signed by the intending insured as the Proposer(s). If the intending insured is a Company, Partnership or other business venture or involves more than one person or entity, then the person signing this declaration must be one authorised to sign on behalf of all persons/entities identified as the intending insured.

Before completing this document, I/We have read and understood the information herein, including the **Important Notices**.

The answers given in this document and any other information supplied by the intending insured or by any other party on their behalf, are truthful and accurate.

I/We understand that the insurer(s) is relying on information supplied herein to decide whether or not to accept or reject this risk and that no material information has been knowingly withheld.

I/We authorise Australian Bus & Coach Underwriting to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine/ours including this completed proposal and my/our insurance claims history and my credit history.

Signature:

Name (Print):

Position / Title:

Date: / /