

PERIOD OF INSURANCE From / / To / / **At 4pm Local Time**

NAME OF INSURED

ABN No. **ITC%**

Registered Business YES NO

Years In Operation **Or New Business Venture**

Primary Depot Address Of Insured

Suburb **State** **Postcode**

Interested Parties:

SUPPLEMENTARY DEPOT ADDRESS

State **Postcode**

State **Postcode**

State **Postcode**

Estimated Turnover \$ **Limit Of Liability Required** \$

No. Of Persons Engaged In Business **Estimated Wage Roll** \$

No. Of Buses/Coaches/Ancillary Vehicles

Are Contractors/Labour Hire Used YES NO

Estimated Payments \$

Details

Is Third Party Mechanical Work Carried Out At Your Premises? YES NO

Turnover Derived From Third Party Mechanical Work \$

Are there any activities performed other than the transporting of passengers? YES NO

If Yes, please provide details:

Does your client sell or promote any products? YES NO

If Yes, please provide details:

Does your client assume any liability or waive their rights under any contract or agreement? YES NO

If Yes, please provide details:

Internet Website Address:

The Business – Vehicle Purpose: (Must equal 100%)

<input type="text"/> % Self/Drive Hire <input type="text"/> % School Bus Only <input type="text"/> % School Bus and Local Charter <input type="text"/> % General Charter <input type="text"/> % General Charter/Interstate Tours <input type="text"/> % Mine To Accommodation Transfers Only	<input type="text"/> % Airport, Hotel, Motel Transfers <input type="text"/> % Community Services <input type="text"/> % Route Services <input type="text"/> % Hospitality Industry <input type="text"/> % Private <input type="text"/> % Mine To Airport, Hotel Motel Transfers Only
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In respect of any Liability Insurance proposed or effected by you, has any Insurer:

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

- Imposed Compulsory Excess or Conditions? If Yes, Imposed Excess \$

Imposed Conditions

Has the Company/Business, its Proprietors and/or Directors ever been convicted of any criminal offence or any offence under State Legislation concerning the operation of buses or coaches within the past ten (10) years? YES NO

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

Please advise details of previous claims, uninsured claims or reportable incidences within the last seven (7) years

YEAR	PAID \$	OUTSTANDING \$	DETAILS

Does your business carry out, operate or organise any of the following activities listed below?

Off the beaten track camping	4 x 4 off road	Aerial Activities
Bush walking tours	Beach buggies	Corporate Games
Mountain climbing	Horse riding	Paintballing
Canoeing/Kayaking/Rafting	Abseiling	Mountain Biking
Skiing/Snowboarding	Caving	Diving
Fishing Trips	Hunting	If not listed please specify
Other nautical sports/activities	Motor cycling	_____

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. _____

This policy includes an automatic \$1,000 cover any one bag or parcel and up to \$10,000 any one bus/coach for your liability for Passenger Baggage.

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 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 you 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.abcunderwriting.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 this 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

PRINT NAME

POSITION/TITLE

DATE
