

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

NAME OF INSURED

ABN No. **ITC%**

Primary Depot Address Of Insured

Suburb **State** **Postcode**

Internet Website Address:

Interested Parties:

Registered Business YES NO

Years In Operation **Or New Business Venture**

In respect of any Business or 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.

POLICY A - FIRE

This section includes an automatic \$2,000 Cover for Compressor Breakdown. Should you require more than \$2,000 Cover refer to Policy H.

SITUATION 1 (Primary) Address

State Postcode

Is this situation occupied? YES NO Occupied As:

Construction

EXTERNAL WALLS	FLOOR		ROOF	AGE	

Smoke/Heat Detectors Installed	YES	NO	Deadlocks	YES	NO
Fire Extinguishers	YES	NO	Fully Locked Perimeter Security	YES	NO
Fire Hoses	YES	NO	Local Alarm	YES	NO
Connected To Town Water	YES	NO	24hr Monitored Alarm	YES	NO
National Trust or Heritage Listed	YES	NO			

	SUM INSURED
Building	\$
Stock	\$
Contents	\$
Additional Removal Of Debris (over \$25,000)	\$
Other	\$

SITUATION 2

Address

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State

Postcode

Is this situation occupied? YES NO Occupied As:

Construction

EXTERNAL WALLS	FLOOR		ROOF	AGE	

Smoke/Heat Detectors Installed	YES	NO	Deadlocks	YES	NO
Fire Extinguishers	YES	NO	Fully Locked Perimeter Security	YES	NO
Fire Hoses	YES	NO	Local Alarm	YES	NO
Connected To Town Water	YES	NO	24hr Monitored Alarm	YES	NO
National Trust or Heritage Listed	YES	NO			

	SUM INSURED
Building	\$
Stock	\$
Contents	\$
Additional Removal Of Debris (over \$25,000)	\$
Other	\$

SITUATION 3

Address

State

Postcode

Is this situation occupied?

YES

NO

Occupied As:

Construction

EXTERNAL WALLS	FLOOR	ROOF	AGE

Smoke/Heat Detectors Installed	YES	NO	Deadlocks	YES	NO
Fire Extinguishers	YES	NO	Fully Locked Perimeter Security	YES	NO
Fire Hoses	YES	NO	Local Alarm	YES	NO
Connected To Town Water	YES	NO	24hr Monitored Alarm	YES	NO
National Trust or Heritage Listed	YES	NO			

	SUM INSURED
Building	\$
Stock	\$
Contents	\$
Additional Removal Of Debris (over \$25,000)	\$
Other	\$

SITUATION 4

 Address

State

 Postcode

Is this situation occupied?

YES

NO

 Occupied As:

Construction

EXTERNAL WALLS	FLOOR	ROOF	AGE

Smoke/Heat Detectors Installed	YES	NO	Deadlocks	YES	NO
Fire Extinguishers	YES	NO	Fully Locked Perimeter Security	YES	NO
Fire Hoses	YES	NO	Local Alarm	YES	NO
Connected To Town Water	YES	NO	24hr Monitored Alarm	YES	NO
National Trust or Heritage Listed	YES	NO			

	SUM INSURED
Building	\$
Stock	\$
Contents	\$
Additional Removal Of Debris (over \$25,000)	\$
Other	\$

SITUATION 5

 Address

State

 Postcode

Is this situation occupied?

YES

NO

 Occupied As:

Construction

EXTERNAL WALLS	FLOOR	ROOF	AGE

Smoke/Heat Detectors Installed	YES	NO	Deadlocks	YES	NO
Fire Extinguishers	YES	NO	Fully Locked Perimeter Security	YES	NO
Fire Hoses	YES	NO	Local Alarm	YES	NO
Connected To Town Water	YES	NO	24hr Monitored Alarm	YES	NO
National Trust or Heritage Listed	YES	NO			

	SUM INSURED
Building	\$
Stock	\$
Contents	\$
Additional Removal Of Debris (over \$25,000)	\$
Other	\$

POLICY B - CONSEQUENTIAL LOSS

Indemnity Period

Twelve Months

Eighteen Months

	SUM INSURED
Increase cost of working	\$
Wages	\$
Trading Profit	\$
Loss of Rent	\$
Accountant Fees in preparation of a claim	\$

POLICY C - THEFT

	SUM INSURED
Contents	\$
Stock/Spare Parts	\$

POLICY D - MONEY

	SUM INSURED
Money in Transit	\$
Money in Residence	\$
Money in Drivers Care/ Custody/Control	\$
During Business Hours	\$
Outside Business Hours	\$
In Safe or Strong Room	\$
Damage to Safe or Strong Room	\$

POLICY E - GLASS

Internal/External Fixed Glass YES NO Replacement Value \$

POLICY F - LEGAL LIABILITY

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:

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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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.

POLICY F(a) – TOUR CANCELLATION & ABANDONMENT

Do you run extended (i.e. involving overnight stays) tours?	YES	NO
If Yes, how many tours do you operate each year?	Tours	
What is the average duration of these tours?	Days	
What is the average number of passengers that you carry per tour?	Passengers	

Sum Insured any one event (✓)

\$10,000 \$20,000 \$50,000

Other Sum Insured (specify) \$

Questions relating specifically to Policy F(a)

In the past five years

Have you had to abandon any tours?	YES	NO
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If Yes, please supply details:

POLICY F(b) – TRAUMA COUNSELLING

a) Number of Buses/Coaches in your fleet

b) Do you do – School Services?	YES	NO
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Do you do – Local Charter/Day Tours within your State/Territory?	YES	NO
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Do you do – Overnight &/or Interstate Trips?	YES	NO
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This policy is restricted to \$10,000 per event with an annual aggregate Policy limit of \$20,000 and a Limit of \$1,500 per individual person.

POLICY G – GENERAL PROPERTY

	SUM INSURED
Tools & Equipment of Trade	\$
Other	\$

Please specify "Other" items (if any)

POLICY H – SECTION A
MACHINERY INSURANCE
Specified Items Cover

Please nominate below details of specified items and their replacement value

	NO. OF UNITS	SUM INSURED
Air Receivers/Compressors (Less than 5HP)		\$
Air Receivers/Compressors (More than 5HP)		\$
Air Conditioners (Less than 5HP)		\$
Air Conditioners (More than 5HP)		\$
Hoists & Workshop Cranes		\$
Total Sum Insured		\$

POLICY H – SECTION B
ELECTRONIC EQUIPMENT INSURANCE

Cover: Comprises Insured Damage caused by vibration, power surge, low voltage, mechanical, electrical or electronic breakdown.

- For equipment less than 6 years of age, please state the replacement value
- For equipment 6 years of age and over, please state the current actual value

ITEM NO.	YEAR OF COMMISSIONING	MAKE, MODEL/TYPE, SERIAL NO., DESCRIPTION OF EQUIPMENT	SUM INSURED
			\$
			\$
			\$
			\$
			\$
			\$
If space is insufficient, please attach list			Total Sum Insured \$

POLICY I – LAND TRANSIT (FULL COVER) PASSENGERS BAGGAGE & FREIGHT

A. PASSENGER BAGGAGE

Please Select Limit Required

AGGREGATE LIMIT	LIMIT EACH VEHICLE or LIMIT EACH BAG	
\$	\$	\$

What percentage of the trips would be:-

a) Over sealed roads?	%	b) Unsealed roads?	%
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In the past three(3) years has any passenger or freight consignor, made a claim against you for loss or damage to their baggage or freight? YES NO

If Yes, please provide details:

B. FREIGHT

Do you carry freight? YES NO

If Yes, please provide a copy of your Current Consignment Note.

What is the average number of freight items carried on each trip? Items

Freight Sum Insured any one Loss/Event \$

Freight Sum Insured any one Item \$

Note: Explosives, combustible materials and precious metals are excluded under the freight cover.

POLICY J – FIDELITY GUARANTEE (EMPLOYEE FRAUD)

Option A - Blanket Cover All Employees YES NO

Number of Employees Limit Per Employees \$

Overall Limit \$

Option B - Specified Employees YES NO

NAME	POSITION/TITLE	LENGTH OF SERVICE	LIMIT
			\$
			\$
			\$
			\$
			\$
			\$

During the past five years has any employee committed any act of fraud or dishonesty, or has your auditor reported any serious defects in your control procedures? YES NO

If Yes, please provide 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 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
