

COMMERCIAL MOTOR VEHICLE QUOTE FORM

CLIENT'S NAME: _____

CLIENTS TRADING NAME: _____

ABN: _____

PHONE: _____ MOBILE: _____

ADDRESS WHERE BUSINESS IS RUN FROM: _____

HOME ADDRESS (IF NOT SAME AS ABOVE): _____

EMAIL ADDRESS: _____

OCCUPATION DESCRIPTION:

VEHICLE ONE DETAILS:

Year of manufacture:

Make of vehicle:

Model of vehicle:

Description, i.e. semi trailer, rigid body, tipper or trailer, concrete agitator, earthmoving plant, excavator etc.

Chassis, VIN, Engine number or Serial number:

Registration Number:

Carrying capacity:

What is the purpose for which the vehicle(s) is/are used? e.g. Business or Private

Present Value/Market Value (Excluding Accessories) \$

Please list all accessories:

Sum Insured Value – it is recommended the market value (exclusive GST) plus the amount specified for accessories be the maximum Sum Insured. \$

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

If goods carrying, please describe the goods carried

e.g. bricks, sand & metal, general carrying etc

State which of the following options of cover you require:

Please tick which cover is required for each vehicle

Option 1 – Comprehensive Cover

Option 2 – Own Damage Only Cover

Option 3 – Third Party Property Damage Only Cover

Option 4 – Third Party Property Damage, Fire & Theft Cover

Option 5 – Fire & Theft Only Cover

VEHICLE TWO DETAILS:

Year of manufacture:

Make of vehicle:

Model of vehicle:

Description, i.e. semi trailer, rigid body, tipper or trailer, concrete agitator, earthmoving plant, excavator etc.

Chassis, VIN, Engine number or Serial number:

Registration Number:

Carrying capacity:

What is the purpose for which the vehicle(s) is/are used? e.g. Business or Private

Present Value/Market Value (Excluding Accessories) \$

Please list all accessories:

Sum Insured Value – it is recommended the market value (exclusive GST) plus the amount specified for accessories be the maximum Sum Insured. \$

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

If goods carrying, please describe the goods carried
e.g. bricks, sand & metal, general carrying etc

State which of the following options of cover you require:

Please tick which cover is required for each vehicle

Option 1 – Comprehensive Cover

Option 2 – Own Damage Only Cover

Option 3 – Third Party Property Damage Only Cover

Option 4 – Third Party Property Damage, Fire & Theft Cover

Option 5 – Fire & Theft Only Cover

VEHICLE THREE DETAILS:

Year of manufacture:

Make of vehicle:

Model of vehicle:

Description, i.e. semi trailer, rigid body, tipper or trailer, concrete agitator, earthmoving plant, excavator etc

Chassis, VIN, Engine number or Serial number:

Registration Number:

Carrying capacity:

What is the purpose for which the vehicle(s) is/are used? e.g. Business or Private

Present Value/Market Value (Excluding Accessories) \$

Please list all accessories:

Sum Insured Value – it is recommended the market value (exclusive GST) plus the amount specified for accessories be the maximum Sum Insured. \$

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

If goods carrying, please describe the goods carried
e.g. bricks, sand & metal, general carrying etc

State which of the following options of cover you require:

Please tick which cover is required for each vehicle

Option 1 – Comprehensive Cover

Option 2 – Own Damage Only Cover

Option 3 – Third Party Property Damage Only Cover

Option 4 – Third Party Property Damage, Fire & Theft Cover

Option 5 – Fire & Theft Only Cover

VEHICLE FOUR DETAILS:

Year of manufacture:

Make of vehicle:

Model of vehicle:

Description, i.e. semi trailer, rigid body, tipper or trailer, concrete agitator, earthmoving plant, excavator etc.

Chassis, VIN, Engine number or Serial number:

Registration Number:

Carrying capacity:

What is the purpose for which the vehicle(s) is/are used? e.g. Business or Private

Present Value/Market Value (Excluding Accessories) \$

Please list all accessories:

Sum Insured Value – it is recommended the market value (exclusive GST) plus the amount specified for accessories be the maximum Sum Insured. \$

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

If goods carrying, please describe the goods carried

e.g. bricks, sand & metal, general carrying etc

Current Insurer:

Policy Number:

Current No Claim Bonus:

NOTE: DOCUMENTARY PROOF OF NO CLAIM BONUS IS REQUIRED AND MAY BE ASKED FOR IF QUOTE ACCEPTED

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 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

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 'Yes' to any of these questions, please provide full details

DECLARATION BY CLIENT/BROKER REP/BROKER AGENT

I/We in effecting insurance in accordance with the information furnished in this Needs Analysis declare & warrant:

- (a) The statements in this Needs Analysis are true;
- (b) That I/We agree to accept the term, exclusions, conditions and limitations of the Policy(s) effected on my/our behalf
By you in respect of the insurances obtained in respect of the above.

SIGNED ON BEHALF OF

DATED