

Tow Truck Operator – Insured Declaration

Occupation and Situation

Insured Name _____

Proposed Start Date ____ / ____ / ____ Proposed End Date ____ / ____ / ____

Occupation _____

Situation address _____

Client Details

Trading name _____

Postal address _____

ABN _____ Input tax credit (%) _____

Email address _____

Who is the current insurer of your current policy? _____

Is this a new or existing business? New Existing

Years in operation _____

Your Duty of Disclosure

Before You enter into a contract of insurance with Us, You have a duty, under the Insurance Contracts Act 1984, to disclose to Us every matter that You know, or could reasonably be expected to know, is relevant to Our 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 Us before You renew, extend, vary or reinstate the contract.

This duty of disclosure applies until the contract is entered into (or renewed, extended, varied or reinstated as applicable).

Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by Us; or
- that is of common knowledge; or
- that We know or, in the ordinary course of Our business as an insurer, ought to know; or
- as to which compliance with Your duty is waived by Us.

Non-Disclosure

If You fail to comply with Your Duty of Disclosure, We may be entitled to reduce Our liability under the contract in respect of a claim, cancel the contract, or both.

If Your non-disclosure is fraudulent, We may also have the option of avoiding the contract from its beginning.

Underwriting

The following questions refer to the insured, whether alone, in partnership, or jointly with any other party. Where the insured is a corporation, the questions refer to the corporation itself and any of its directors and officers.

In the last 5 years, has the insured had any insurer decline a claim or proposal, cancel or refuse to renew a policy, or impose special terms, conditions or restrictions on a policy?

Yes No

In the last 5 years ever been placed in receivership or liquidation or been declared bankrupt?

Yes No

In the last 10 years, has the insured been convicted of, or had any penalties imposed, for any crimes involving drugs, dishonesty, arson, theft, fraud or violence against any person or property?

Yes No

If 'Yes', to any of the above questions, FULL DETAILS must be disclosed in the space below: (including date, circumstances and detail of any penalties/conditions imposed)

Vehicle Use

Do you have vehicles being used or being tested to be used in racing, pace making, reliability trials, speed testing and/or hill climbing?

Yes No

Do you have vehicles operating outside of Australia?

Yes No

Driver History

During the last 5 years, have you or any person who will regularly drive the insured vehicle(s)

1. Been convicted of or had any fines or penalties imposed for any driving related alcohol or drug offences or have charges pending for such offences?

Yes No

2. Had a driver's license cancelled or suspended or restricted or been disqualified from holding a driver's license for any period?

Yes No

3. Had any motor vehicle insurance refused?

Yes No

If yes to any of the above, please provide full details below:

Name	Date	Type (Please select from options below)	Details	Incurred Amount
		<input type="checkbox"/> Alcohol or drug offence <input type="checkbox"/> Licence cancellation, suspension, restriction or disqualification <input type="checkbox"/> Motor Vehicle Insurance refused		\$
		<input type="checkbox"/> Alcohol or drug offence <input type="checkbox"/> Licence cancellation, suspension, restriction or disqualification <input type="checkbox"/> Motor Vehicle Insurance refused		\$
		<input type="checkbox"/> Alcohol or drug offence <input type="checkbox"/> Licence cancellation, suspension, restriction or disqualification <input type="checkbox"/> Motor Vehicle Insurance refused		\$

Liability Cover

Limit of Indemnity \$10,000,000 \$20,000,000 (We will apply a minimum turnover of \$100,000 as minimum premiums apply.)

Annual Turnover\$ _____ Number of Employees including owners and principals _____

The following questions refer to the insured, whether alone, in partnership, or jointly with any other party. Where the insured is a corporation, the questions refer to the corporation itself and any of its directors and officers.

Do you repair or work on your customers' goods? (If YES, this policy does NOT include any faulty workmanship coverage)

Yes No

Do you import any goods from overseas?

Yes No

Does your business engage or intend to engage non-clerical contractors, subcontractors, or staff from labour hire firms to perform work under the sole or partial direction of you? If 'Yes', contractor wages?

Yes No

\$ _____

Marine Cargo Cover

Sum Insured \$100,000 \$250,000 \$500,000

Liability & Marine Cargo Claims

Have you had any liability claims, or claimable incidents, in the last three (3) years, or any marine cargo claims in the last five (5) years? YES / NO

If YES, please provide details below.

Name	Date	Type (Please select from options below)	Details	Claim Value
		<input type="checkbox"/> Liability <input type="checkbox"/> Marine Cargo		\$
		<input type="checkbox"/> Liability <input type="checkbox"/> Marine Cargo		\$
		<input type="checkbox"/> Liability <input type="checkbox"/> Marine Cargo		\$
		<input type="checkbox"/> Liability <input type="checkbox"/> Marine Cargo		\$
		<input type="checkbox"/> Liability <input type="checkbox"/> Marine Cargo		\$
		<input type="checkbox"/> Liability <input type="checkbox"/> Marine Cargo		\$

Commercial Motor Claims

Have you, or any person who will regularly drive the insured vehicle(s), had any motor vehicle claims in the last three (3) years? YES / NO

If YES, please provide details below.

Driver Name	Date	Who was deemed at fault? (Please select)	Details	Claim Value
		<input type="checkbox"/> Damage whilst parked <input type="checkbox"/> Dual liability <input type="checkbox"/> Hail <input type="checkbox"/> Driver at fault <input type="checkbox"/> Theft <input type="checkbox"/> Third party at fault		\$
		<input type="checkbox"/> Damage whilst parked <input type="checkbox"/> Dual liability <input type="checkbox"/> Hail <input type="checkbox"/> Driver at fault <input type="checkbox"/> Theft <input type="checkbox"/> Third party at fault		\$
		<input type="checkbox"/> Damage whilst parked <input type="checkbox"/> Dual liability <input type="checkbox"/> Hail <input type="checkbox"/> Driver at fault <input type="checkbox"/> Theft <input type="checkbox"/> Third party at fault		\$
		<input type="checkbox"/> Damage whilst parked <input type="checkbox"/> Dual liability <input type="checkbox"/> Hail <input type="checkbox"/> Driver at fault <input type="checkbox"/> Theft <input type="checkbox"/> Third party at fault		\$
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Vehicle Details

Vehicle	Cover	Extend your Cover: Hook Liability	Optional Cover: Downtime	Vehicle Description	Vehicle Location	Sum Insured/ Declared value	Preferred Minimum Excess																
1	Vehicle registration: <input type="checkbox"/> Comprehensive Market Value <input type="checkbox"/> Third Party Property Damage	Would you like to purchase extended Hook Liability cover, above the \$100,000 limit stated in the SPDS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please select from the following: <table border="0"> <tr> <td>Sum Insured:</td> <td>Excess:</td> </tr> <tr> <td><input type="checkbox"/> \$250,000</td> <td><input type="checkbox"/> \$2,500</td> </tr> <tr> <td><input type="checkbox"/> \$500,000</td> <td><input type="checkbox"/> \$5,000</td> </tr> <tr> <td><input type="checkbox"/> \$750,000</td> <td><input type="checkbox"/> \$7,500</td> </tr> <tr> <td><input type="checkbox"/> \$1,000,000</td> <td><input type="checkbox"/> \$10,000</td> </tr> </table>	Sum Insured:	Excess:	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$750,000	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$10,000	Would you like to purchase Downtime Cover as an optional extra? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please select from the following: <table border="0"> <tr> <td>Weekly Indemnity Rate:</td> <td>Indemnity Period:</td> </tr> <tr> <td><input type="checkbox"/> \$1,250</td> <td><input type="checkbox"/> 1 month</td> </tr> <tr> <td><input type="checkbox"/> \$2,500</td> <td><input type="checkbox"/> 2 months</td> </tr> </table>	Weekly Indemnity Rate:	Indemnity Period:	<input type="checkbox"/> \$1,250	<input type="checkbox"/> 1 month	<input type="checkbox"/> \$2,500	<input type="checkbox"/> 2 months	Type of vehicle: e.g. "Tow Truck", "Passenger/Vehicle <2 tonne carrying capacity" Year of Manufacture: Manufacturer: Model: VIN Number:	Postcode where usually kept: Where is this vehicle normally stored overnight? <input type="checkbox"/> Business premises <input type="checkbox"/> Car Park <input type="checkbox"/> Driveway <input type="checkbox"/> Garaged <input type="checkbox"/> Kept on public road <input type="checkbox"/> Locked compound <input type="checkbox"/> Other (Please specify)	\$	Tow Truck: <input type="checkbox"/> \$2,500 (standard) <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000 For non tow truck business please specify:
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a) Do any of your Vehicle(s) have any mechanical or other problems which could make it unsafe? Yes No

b) Do any of your Vehicle(s) have any rust, hail or other unrepaired body damage? Yes No

If yes, please provide details, including the vehicle this relates to:

Accessories and Modifications

The Commercial Motor PDS includes cover for accessories up to a total value of \$5,000 as standard.

Do you want to insure aftermarket accessories above the policy benefit?

Yes No

If yes, please provide details of accessory, sum insured and the vehicle this relates to:

Has the Vehicle(s) been modified in any way?

Yes No

If yes, please provide details of modification, sum insured and the vehicle this relates to:

What aftermarket security devices does the vehicle have fitted? (Please tick all that apply)

- Alarm 24 hr tracking device Immobiliser Microdotting Wheel lock nuts
 Other (please provide details below)

Driver Details

Are there any drivers under the age of 25 years?

Yes No

If Yes, date of birth of the youngest driver ____ / ____ / ____

PLEASE NOTE: If you make a claim for an accident when Your Vehicle was being driven by, or was in the charge of, a driver under the age of 21 years, between 21 and 25 years, or greater than 25 years but has held their Australian drivers licence for less than 2 years, you must pay the additional excess shown in Your schedule in addition to the basic excess.

A Driver Declaration must be completed by all drivers within your fleet and submitted to Moran Insurance Brokers.

Have you completed a Driver Declaration for all drivers?

Yes No

Have the drivers within your fleet changed since your last declaration to us?

Yes No

If Yes, please provide details of any changes below, including the name(s) of any driver(s) no longer driving within this fleet, and name(s) of any driver(s) to be added to this fleet:

Declaration

I/we declare and agree:

- that I/we have received a copy of the PDS;
- that I/we have read and understood my Duty of Disclosure set out on the front page of this document and understand that if I do not comply with this duty the Policy may be cancelled or a claim may be reduced or not paid (or both). If my non-disclosure is fraudulent my Policy may be avoided from inception;
- that I/we have answered every question fully and frankly, have been truthful and accurate in completing this application and have not withheld any information likely to affect the acceptance of this insurance;
- to make the Premises available for inspection by Allianz if so requested;
- upon acceptance, this insurance shall be subject to the Commercial Motor Policy;
- that I/we have the consent of all other persons covered by this Policy to provide personal and sensitive information on their behalf;
- that I/we have read and understood the Privacy information set out in the PDS and consent to the collection, storage, use and disclosure of the personal and sensitive information of all persons covered by this application with their approval.
- If anything happens during the Period of Insurance which alters any of the information provided, I/we will promptly inform the Insurer.

I hereby declare that the above particulars and statements are true and correct and I have not withheld any relevant information:

First Applicant's Signature _____ Date ____ / ____ / ____

Second Applicant's Signature _____ Date ____ / ____ / ____