

COMMERCIAL VEHICLE INSURANCE PROPOSAL FORM

To be completed by You the 'Proposed Insured'

Period of Insurance from	Date	to	Date
<i>Insurance commences 4:00pm on</i>			<i>and ends 4:00pm on</i>

Contact Details	
Name in Full	
Telephone	Facsimile
Email	Web Address
Address (Postal)	Address (Business)
Number / Street	Number / Street
Suburb	Suburb
City / Town	City / Town
Trade Description (ie.Builder, Plumber, Electrician)	

Vehicle Details				
Year	Make / Model	Reg No.	Excess	Sum Insured
<p>Sum Insured: The Sum Insured shall include sign writing and all accessories affixed to the Insured Vehicle, but should exclude GST and be no less than market value.</p> <p>Cover Type: Comprehensive only.</p>				

Vehicle Use				
1. Do any of Your vehicles have a regular run of over 150km in each run more than once a week?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2. Do the vehicle(s) operate for more than 10 hours a day?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3. Are any of the vehicles designed and used for bulk transportation of inflammable liquids or gases?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4. Do you carry toxic chemicals, acids, explosives or items considered dangerous?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5. Do You hire out any of Your Vehicles without your driver?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6. Are the vehicles fitted with any anti-theft devices or fire extinguishers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7. Has any Vehicle been altered from the manufacturer's original specifications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8. Where are the vehicles normally housed when not in use. ie. Locked garage, locked yard etc.?				
9. Are you the owner of all the insured vehicles, if not, specify those who have financial interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
10. Are any of your vehicles principal drivers under 25 years of age? If Yes please give details below	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Full name of driver	Date of Birth	Male/Female	Yrs Licensed	Vehicle Driven

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Previous Insurance

1. Have you previously held motor vehicle insurance? If Yes, please give details below.

Yes No

Insurance Company	Branch	Period from	Period to	

General Questions

1. Have You, or anyone else who will drive the vehicles:

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| a. Ever been charged with a log book offence? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. Ever had a driver's license endorsed, suspended or cancelled? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c. Ever had insurance declined or cancelled or had special terms imposed? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d. Ever been indefinitely disqualified from driving for repeat alcohol or drug related driving offences? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e. Ever: | | | | |
| i. been imprisoned for any criminal or driving offence? | | | | |
| ii. Had any other conviction or fine for either a criminal offence within the last 7 years? | | | | |
| iii. Had any prosecution pending for any criminal or driving offence? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If You have answered Yes to any of the questions asked in this proposal form, please print details in the space below. (this includes any accidents whether or not the subject of an insurance claim in the past 3 years) if there is insufficient space please attach details to this proposal form.

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Privacy Act Statement

We are committed to protecting your privacy. We only use the personal information you provide to us, to quote on and insure your risks. We only provide personal information to our underwriters and re-insurers (and their representatives) and those we appoint to assist us with claims under your policy. We will not trade, rent or sell your information.

If you do not provide us with complete information, we cannot properly quote for your insurance and we cannot insure you. Indeed if we subsequently find that you failed to provide all relevant information it may be grounds on which we refuse a claim and/or deny the policy.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

Your claims history is passed on to, and held by, Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.

Declaration and Acknowledge

I / We declare and acknowledge as follows:

1. I/We have not suppressed, misrepresented or misstated any material information within my/our knowledge likely to affect the decision of Insurers as to my/our eligibility for insurance, and the answers given in this Proposal are truthful and frank in every respect.
2. Insurance cover will only arise upon the Insurers's acceptance of this Proposal as notified by the issue of an appropriate Policy Schedule and/or Policy Document.
3. Subject to the Insurance Law Reform Acts 1977 and 1985, if this Proposal is accepted by the Insurer, the Proposal and the Policy and the Policy Schedule which are issued shall constitute the entire agreement between the parties and shall supersede any prior representations or warranties.
4. The subscribing Underwriters will be relying on the information provided by me/us in the Proposal in deciding whether to provide cover, and if so, on what terms.
5. I/We have read and understood the notice concerning my/our duty of disclosure.
6. Where answers to questions contained on this Proposal are not in my handwriting they have been checked by me/us and I/We certify that they are in every respect, truthful and frank.
7. I/We will make the premises available for inspection by Western Pacific Insurance Limited and/or their agent.
8. I acknowledge that all personal information collected by Western Pacific Insurance Limited may be disclosed to other members of the industry and Insurance Claims Register Ltd. Any personal information held by other members of the insurance industry and Insurance Claims Register Ltd may be disclosed to Western Pacific Insurance Ltd.

Signature: _____

Date: _____

For Policy Wording please refer to our website www.westernpacins.com

WESTERN PACIFIC INSURANCE LIMITED

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