

Sydney

Lvl 14, 100 Miller Street, North Sydney NSW 2060
PO Box 6124, North Sydney NSW 2059
Ph: (02) 9908 0000 Fax: (02) 9908 0099

Brisbane

Lvl 1, 99 Melbourne Street, South Brisbane QLD 4101
PO Box 2780, Brisbane QLD 4001
Ph: (07) 3237 8400 Fax: (07) 3237 8499

COMMERCIAL PLANT OPERATOR PROPOSAL

Period of Insurance to At 4.00pm **Policy Number**

Important Notices

YOUR 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 could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of 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 matter:-

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that Your Insurer knows or, in the ordinary course of his business, ought to 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 his 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 avoiding the contract from its beginning.

PREVENTING OUR RIGHT OF RECOVERY

Where another person is liable to compensate You for any loss, damage or liability which is covered by this Policy but You have agreed not to seek recovery of any monies from that person, we will not cover You under this policy for that loss, damage or liability.

PRIVACY

We are committed to protecting Your privacy. We only use the personal information You give us to quote on and insure Your risks. We only give personal information to:

- our underwriters (and their representatives);
- our reinsurers (and their representatives); and
- people we appoint to assist us with any claims under Your policy.

We will not trade, sell or rent Your information.

If You don't give us complete information, we cannot properly quote for Your insurance and we cannot insure You. You can check the personal information we hold about You at any time.

If You give us personal information about anyone else, we rely on You to notify them:

- that You will give Your information to us;
- to whom we may give the information;
- the purposes for which we will use the information; and
- that they can access the information.

If the information You give us about someone else is sensitive, we rely on You to obtain their consent to disclosing it to us for the uses, and disclosure to the parties, we refer to in this statement.

For a full statement of our Privacy Policy, ask for a copy.

Name of Insured
(incl. all Subsidiary Companies)

Postal Address

Suburb / City

State

Postcode

ABN

Taxable (GST Input)

 %

Your Contact Details	Name			
	Private Phone	()	Business Phone	()
	Facsimile	()	Mobile	
	Email			

Website Years in Business

Depot Base State Postcode

Geographical Area and Operation

Interested Parties

Above Parties Interest

Please provide Your actual total Turnover for the previous Period of Insurance. \$

Please provide Your estimated total Turnover for the coming Period of Insurance. \$

Please provide details of Your estimated Turnover as a percentage per State.

ACT	%	NSW	%	NT	%	QLD	%
SA	%	TAS	%	VIC	%	WA	%

Own Damage

Schedule of static and mobile machines to be insured

Item	Make, Type, Model, Description	Registration No.	Year of Make	Current Market Value
				\$
				\$
				\$
				\$
				\$
(if insufficient room continue on a separate sheet)				Total Sum Insured
				\$

Legal Liability

Limit of Liability Required \$

Optional Extensions

The following extensions are available, if required. **Please indicate if covers are required.**
 Note: they are subject to additional premium.

Goods Lifted (provides accidental damage to goods being lifted).
 Nominate limit of cover required \$ Max value \$500,000 Nominate estimated number of lifts

Increased cost of working (provides cover for cost of hire resulting from loss or damage to insured items). Yes No
 Nominate limit of cover required \$ Nominate indemnity period required Weeks/Months Maximum 3 Months

Loss or revenue (provides cover for financial loss caused by the interruption of Your business resulting from loss or Damage to insured items). Yes No
 Nominate limit of cover required \$ Nominate indemnity period required Weeks/Months Maximum 3 Months

Lease Payment protection (provides cover for lease payments in the event of a claim). Yes No

Nominate details of terms of lease, monthly repayments and residual payout and items to be covered below:

Dry Hire (provides cover when Your machines is hired out without Your operator / driver). Yes No

Nominate percentage of term on hire %

Nominate items on hire below:

Nominate details of terms of lease, monthly repayments and residual payout and items to be covered below:

Breakdown (Section 1 provides cover for machines for electrical, electronic or mechanical breakdown).

Yes No

Nominate items requiring this cover:

Recovery costs (provides cover for recovery when no damage occurs).

Yes No

Please Advise Details as Below

1. Will any items be exposed to special hazards?

Fire, Explosion Landslide Blasting Flood, Inundation Storm, Cyclone Other – please advise

Please provide details:

2. Will any of the items be working in, on, under or over water?

Yes No

If Yes, please provide details including item number.

3. Will any of the items be working underground?

Yes No

If Yes, please provide details including item number.

4. Are all of the items now thoroughly sound and in a good condition?

Yes No

If No, please provide details on the nature of any faults or defects known to You in any of the items.

Operator / Driver Details

1. Do You check operator / driver credentials and history?

Yes No

2. Are all operators / drivers fully conversant with manufacturer's operating and instruction manuals?

Yes No

3. Will this plant be used for anything other than the manufacturer's specific design purpose as detailed in such instruction manual?

Yes No

4. Are all operators / drivers conversant with the statutory requirements that apply to the driving and operation of the plant?

Yes No

5. Has any person who will drive or operative the plant had any convictions during the past 5 years for any offence (other than a parking infringement) that involve a motor vehicle?

Yes No

If Yes, please provide full details (if insufficient room continue on a separate sheet)

Insurance Declaration and Claims History

Your Current Insurer

Expiry Date

Have You or any other party noted as the Named Insured ever had insurance refused or cancelled or has any Insurer ever imposed special terms, conditions or restrictions on Your policies?

Yes No

If "Yes", please provide full details (if insufficient room continue on a separate sheet)

Detail all insurance claims made in the last five years. Please include dates and amounts (if insufficient room continue on a separate sheet)

Are You aware of any uninsured losses or unreported incidents that may give rise to a claim? (if insufficient room continue on a separate sheet)

- a) Has there been, or is there now pending, any action, litigation or other proceedings (Criminal or Civil) against any proposed Insured Person, in their capacity as a director, officer, secretary, board or committee member or employee of either the Named Insured or any other company, organisation, association or trust? Yes No
- b) Has there been or is there now pending any investigation, examination, inquiry or other proceedings in relation to the affairs of the Named Insured? Yes No
- c) Do any circumstances exist that may give rise to any event described under a) or b) above? Yes No
- d) Have You or any partner(s), board or committee member(s) of the business ever been declared bankrupt? Yes No
- e) Have You or any partner(s), board or committee member(s) of the business ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)? Yes No

If You have answered "Yes" to part a), b), c), d) or e) above, please supply details.

Please check Your proposal carefully before signing the declaration below. This is especially important if the proposal is not completed in Your own handwriting.

Declaration

I acknowledge that:

- 1) I have read and understood the Important Information set out in the Proposal and I/we are authorised to make this proposal.
- 2) All information given on this Proposal and any attachment is true and correct.
- 3) The insurance contract will not commence until the premium is paid.
- 4) The Insurer reserves the right to vary the premium and/or the policy terms and conditions on receipt of the completed proposal form.
- 5) Up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform Altiora Insurance Solutions of any change in the particulars or statements contained in this proposal or in any attachments.
- 6) Although the signing of this proposal does not bind the Insurer or the Applicants to effect insurance, the Applicants acknowledge that the particulars and statements contained in this proposal and in the attachments shall be the basis of the contract should a policy be issued.
- 7) The Proposal and attachments will be incorporated in the Policy.

I/We declare that the above answers are true to the best of My/Our knowledge and belief and that all material facts which may affect the assessment of the risk have been disclosed.

I/We agree that this proposal is for insurance in the standard terms and conditions of the Insurer's policy and will be the basis of the contract.

Your Signature:

Your Name:

Date:

Your Title: