



Commercial Motor Vehicle Insurance Application

Policy No.	Client No.	Intermediary No.
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Please answer each question on behalf of ALL PEOPLE TO BE INSURED.
If you need more space to answer questions, attach a separate sheet and sign it.
This form can be used for Sedans, Station Wagons and miscellaneous vehicles with a carrying capacity of less than 8 tonnes. (For any vehicle 8 tonnes or over an Owner/Driver application must be completed).
Age & Inexperienced Driver Excess will apply and be shown on each Policy Schedule.
Standard Excesses will vary according to the type of vehicle.

The Applicant/s

Name(s) of the Registered Owner(s) of the Vehicles (known as the insured)	Surname																
	Given name(s)																
Tax status	Registered Business	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ABN											Taxable	%	
Address of Registered Owner													State		Postcode		
													State		Postcode		
Postal Address for Notices													State		Postcode		
													State		Postcode		
Nature of insured's business																	
Contact Phone Numbers	Private	()														Business	()
Period of Insurance	From	/	/	to	/	/									at 4 p.m		

Details of Under 25 and Over 80 Year Old Drivers

You must advise details on all drivers under the age of 25 **or** over the age of 80 who will drive any of the vehicles to be insured:

No.	Driver's Full Name(s) Surname	Given Name(s)	Date of Birth	Advise Registered numbers of all vehicles these drivers will drive
1.				
2.				
3.				

If insufficient space please attach a sheet with the relevant information

Previous Experience

In the last 5 years have you or any other person likely to drive these vehicles:

- Had:
 - (a) a claim, accident or car stolen or burnt (even if not reported or not claimed from an insurer)? Yes No
 - (b) insurance refused, declined or cancelled by an insurer or any special conditions imposed? Yes No
 - (c) a drivers or motorcycle licence cancelled, suspended or endorsed? Yes No
- Been convicted or charged with:
 - (a) drug use, driving under the influence, or exceeding Prescribed Concentration of Alcohol? Yes No
 - (b) any driving offences or speeding infringements (other than parking offences)? Yes No
 - (c) fraud, arson, theft or any other criminal act? Yes No
- Suffered from any physical or mental disability (excluding wearing of glasses/lenses)?

If you answered 'Yes' to any of the above questions please provide details below. If insufficient space, please attach sheet.

Name of Driver	Date of incident	Details of each incident or act	Your insurer	Person at fault

Details to be Completed for All Vehicles

		Vehicle 1
Type of Cover: Comprehensive (Comp) or Third Party Property Damage (TPPD) or Third Party Property Damage including Fire & Theft (TPFT)		
Make of vehicle e.g. Ford, Holder, Isuzu etc.		
Model or type e.g. Commodore Exec, Falcon GL, Hino, FF177, Isuzu, NPR, etc.		
Year of manufacture:		
Body style: e.g. sedan, wagon, utility, van, pantech, tray etc.		
Registration number:		
Engine or VIN number:		
Accessories: Please list all accessories fitted to the vehicle that are non standard e.g. Bull bars, air conditioning. Attach list if necessary.		
Your estimate of the Vehicle's 'Market Value' including accessories.	\$	
If the vehicle has been 'modified' advise details e.g. lowered, supercharged etc.		
If the vehicle is financed advise type of finance e.g. lease, hire purchase, secured or unsecured bank loan.		
Name and address of financier:	Name	
	Address	
Date of purchase of vehicle:		/ /
Price paid for the vehicle (excluding any trade-in or consumer credit insurance)	\$	
If the vehicle is imported, has it an Australian Compliance Plate?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the vehicle any existing damage, e.g. dents, scratches, rust or hail?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', give details		
No Claim Discount entitlement (Confirmation of NCD must accompany the proposal)		%
Name of the main driver:		
Date of birth of main driver:		/ /
Licence details of main driver:	Licence number	
	Class of licence	
	No. of years this licence held	Years
Postcode where vehicle is parked at night:		
How parked? e.g. in the street, garaged, etc.		
Please also complete for sedans, wagons and privately used utilities the following information		
Use of vehicle: Private or executive or business (refer to policy wording for explanation of uses)		
Gender: Male/female:		
Additional vehicle information:	Number of cylinders	
	Fuel type: petrol/diesel	
	Engine capacity in cc/litres	
	Transmission: Auto/manual	
	Is vehicle turbo charged?	
The following information is to be completed ONLY if your vehicle is a Commercial vehicle – this includes utilities for business use, plant and		
Goods carried:		
Gross vehicle mass:		Kg
Occupation e.g. plumber, electrician, road maker, etc.		
Is the vehicle involved in the construction or mining industry?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' is the vehicle registered?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Postcode where vehicle operates:		
Nature of work undertaken:		
Radius of operations: Vehicles over 3,500 kg gross vehicle mass are limited to 250 km radius unless radius advised to company.		Km
Maximum speed of vehicle		Km/h
OFFICE USE ONLY		
Red book code (if applicable)	\$	
GST liability premium:	\$	
Premium – per vehicle before charges	\$	
Standard excess	\$	

Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6	Vehicle 7	Vehicle 8
\$	\$	\$	\$	\$	\$	\$
/ /	/ /	/ /	/ /	/ /	/ /	/ /
\$	\$	\$	\$	\$	\$	\$
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
%	%	%	%	%	%	%
/ /	/ /	/ /	/ /	/ /	/ /	/ /
Years	Years	Years	Years	Years	Years	Years
machinery, trailers and caravans etc.						
Kg	Kg	Kg	Kg	Kg	Kg	Kg
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Km	Km	Km	Km	Km	Km	Km
Km/h	Km/h	Km/h	Km/h	Km/h	Km/h	Km/h
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$

Basis of Settlement

For all vehicles the Basis of Settlement will be at our option to repair, reinstate or pay the amount of the loss of or damage to your vehicle plus standard accessories and those included on the schedule provided such payment does not exceed the market value at the time of the loss but limited to the amount shown on the Schedule for each vehicle.

Duty of Disclosure

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. The Act requires that before a policy is entered into, you must give us certain information we need to decide whether to insure you and anyone else to be insured under the policy, and on what terms. Your Duty of Disclosure is different, depending on whether this is a new Policy or not.

- **You do not have to tell us about any matter:**

- that diminishes the risk
- that is of common knowledge
- that we know or should know in the ordinary course of our business as an insurer, or
- which we indicate we do not want to know.

- **If you do not tell us**

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

Preventing Our Right of Recovery

If you have agreed not to seek compensation from another person who is liable to compensate you for any loss, damage or liability which is covered by this policy, we will not cover you under this policy (to the extent permitted by law) for that loss, damage or liability.

Other Party's Interests

You must inform us of the interests of all parties (e.g. financiers, lessors) to be covered by this insurance. We will protect their interests only if you have informed us and we have noted them on the schedule.

Privacy

QBE includes information about how we manage your personal information in our Product Disclosure Statements and Policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website www.qbe.com or contact the Compliance Manager on 02 9375 4656 or email compliance.manager@qbe.com for further information.

Declaration and Authorisation

Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants.

1. I/We have received a copy of the Policy Terms and Conditions.
2. I/We declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I/We authorise QBE Insurance (Australia) Limited ABN 78 003 191 035 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 including this completed application and my insurance claims history and my credit history.

Applicant's Signature as owner(s)
of the vehicles to be insured

X

Date

/ /

X

Date

/ /

Office Use Only

Accepted by (Name)				Date	/ /
	Premium payable	Fire Services Levy	GST	Stamp Duty	Total Amount Payable
Premium	\$	\$	\$	\$	\$