

# BUS PROPRIETOR'S DEPOT AND LIABILITY INSURANCE PROPOSAL FORM

Period of Insurance From / / To / / At 4pm Local Time

Name of Insured

ABN No. ITC%

Primary Depot Address Of Insured

Suburb State Postcode

Internet Website Address:

Interested Parties:

Registered Business  Yes  No

Number of Employees:

Years In Operation Or New Business Venture

In respect of any Business or Liability Insurance proposed or effected by you, has any Insurer:

• Declined such proposal or cancelled or refused to renew such policy?  Yes  No

• Imposed Compulsory Excess or Conditions? If Yes, Imposed Excess \$

Imposed Conditions

Has the Company/Business, its Proprietors and/or Directors ever been convicted of any criminal offence or any offence under State Legislation concerning the operation of buses or coaches within the past ten (10) years?  Yes  No

If Yes, please supply official police record/document with date of conviction, name of proprietor/director and details.

## POLICY A - FIRE

This section includes an automatic \$2,000 Cover for Compressor Breakdown.  
Should you require more than \$2,000 Cover refer to Policy H.

### SITUATION 1 (PRIMARY)

Address

State

Postcode

Is this situation occupied?  Yes  No

Occupied As:

Construction

External Walls

Floor

Roof

Age

Smoke/Heat Detectors Installed  Yes  No

Deadlocks  Yes  No

Fire Extinguishers  Yes  No

Fully Locked Perimeter Security  Yes  No

Fire Hoses  Yes  No

Local Alarm  Yes  No

Connected To Town Water  Yes  No

24hr Monitored Alarm  Yes  No

National Trust or Heritage Listed  Yes  No

Sum Insured

Building \$

Stock \$

Contents \$

Additional Removal Of Debris (over \$25,000) \$

Other \$

### SITUATION 2

Address

Is this situation occupied?  Yes  No

Occupied As:

Construction

External Walls

Floor

Roof

Age

Smoke/Heat Detectors Installed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Deadlocks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fully Locked Perimeter Security	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Hoses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Local Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Connected To Town Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	24hr Monitored Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
National Trust or Heritage Listed	<input type="checkbox"/> Yes <input type="checkbox"/> No		

	Sum Insured
Building	\$
Stock	\$
Contents	\$
Additional Removal Of Debris (over \$25,000)	\$
Other	\$

### SITUATION 3

Address \_\_\_\_\_

Is this situation occupied?  Yes  No      Occupied As:

Construction

External Walls	Floor	Roof	Age
_____	_____	_____	_____

Smoke/Heat Detectors Installed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Deadlocks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fully Locked Perimeter Security	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Hoses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Local Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Connected To Town Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	24hr Monitored Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
National Trust or Heritage Listed	<input type="checkbox"/> Yes <input type="checkbox"/> No		

	Sum Insured
Building	\$
Stock	\$
Contents	\$
Additional Removal Of Debris (over \$25,000)	\$
Other	\$

#### SITUATION 4

Address \_\_\_\_\_

Is this situation occupied?  Yes  No

Occupied As: \_\_\_\_\_

Construction

External Walls \_\_\_\_\_ Floor \_\_\_\_\_ Roof \_\_\_\_\_ Age \_\_\_\_\_

Smoke/Heat Detectors Installed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Deadlocks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fully Locked Perimeter Security	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Hoses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Local Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Connected To Town Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	24hr Monitored Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
National Trust or Heritage Listed	<input type="checkbox"/> Yes <input type="checkbox"/> No		

	Sum Insured
Building	\$ _____
Stock	\$ _____
Contents	\$ _____
Additional Removal Of Debris (over \$25,000)	\$ _____
Other	\$ _____

#### SITUATION 5

Address \_\_\_\_\_

State \_\_\_\_\_

Postcode \_\_\_\_\_

Is this situation occupied?  Yes  No

Occupied As: \_\_\_\_\_

Construction

External Walls \_\_\_\_\_ Floor \_\_\_\_\_ Roof \_\_\_\_\_ Age \_\_\_\_\_

Smoke/Heat Detectors Installed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Deadlocks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fully Locked Perimeter Security	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Hoses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Local Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Connected To Town Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	24hr Monitored Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
National Trust or Heritage Listed	<input type="checkbox"/> Yes <input type="checkbox"/> No		

	Sum Insured
Building	\$
Stock	\$
Contents	\$
Additional Removal Of Debris (over \$25,000)	\$
Other	\$

### POLICY B - CONSEQUENTIAL LOSS

#### INDEMNITY PERIOD

Twelve Months  
 Eighteen Months

	Sum Insured
Increase cost of working	\$
Wages	\$
Trading Profit	\$
Loss of Rent	\$
Accountant Fees in preparation of a claim	\$

### POLICY C - THEFT

	Sum Insured
Contents	\$
Stock/Spare Parts	\$

**POLICY D - MONEY**

	Sum Insured
Money in Transit	\$
Money in Residence	\$
Money in Drivers Care/ Custody/Control	\$
During Business Hours	\$
Outside Business Hours	\$
In Safe or Strong Room	\$
Damage to Safe or Strong Room	\$

**POLICY E - GLASS**

Internal/External Fixed Glass  Yes  No Replacement Value \$

**POLICY F - LEGAL LIABILITY**

Estimated Turnover \$ Limit Of Liability Required \$

No. Of Persons Engaged In Business Estimated Wage Roll \$

No. Of Buses/Coaches/Ancillary Vehicles

Are Contractors/Labour Hire Used  Yes  No

Estimated Payments \$

Details

Is Third Party Mechanical Work Carried Out At Your Premises?  Yes  No

Turnover Derived From Third Party Mechanical Work \$

Are there any activities performed other than the transporting of passengers?  Yes  No

If Yes, please provide details:

Does your client sell or promote any products?  Yes  No

If Yes, please provide details:

Does your client assume any liability or waive their rights under any contract or agreement?

Yes  No

If Yes, please provide details:

The Business – Vehicle Purpose: (Must equal 100%)

<input type="text"/> % Self/Drive Hire	<input type="text"/> % Airport, Hotel, Motel Transfers
<input type="text"/> % School Bus Only	<input type="text"/> % Community Services
<input type="text"/> % School Bus and Local Charter	<input type="text"/> % Route Services
<input type="text"/> % General Charter	<input type="text"/> % Hospitality Industry
<input type="text"/> % General Charter/Interstate Tours	<input type="text"/> % Private
<input type="text"/> % Mine To Accommodation Transfers Only	<input type="text"/> % Mine To Airport, Hotel Motel Transfers Only

Please advise details of previous claims, uninsured claims or reportable incidences within the last seven (7) years

Year	Paid \$	Outstanding \$	Details

Does your business carry out, operate or organise any of the following activities listed below?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Off the beaten track camping     | <input type="checkbox"/> 4 x 4 off road | <input type="checkbox"/> Aerial Activities            |
| <input type="checkbox"/> Bush walking tours               | <input type="checkbox"/> Beach buggies  | <input type="checkbox"/> Corporate Games              |
| <input type="checkbox"/> Mountain climbing                | <input type="checkbox"/> Horse riding   | <input type="checkbox"/> Paintballing                 |
| <input type="checkbox"/> Canoeing/Kayaking/Rafting        | <input type="checkbox"/> Abseiling      | <input type="checkbox"/> Mountain Biking              |
| <input type="checkbox"/> Skiing/Snowboarding              | <input type="checkbox"/> Caving         | <input type="checkbox"/> Diving                       |
| <input type="checkbox"/> Fishing Trips                    | <input type="checkbox"/> Hunting        | <input type="checkbox"/> If not listed please specify |
| <input type="checkbox"/> Other nautical sports/activities | <input type="checkbox"/> Motor cycling  | _____   |

**POLICY F(A) – TOUR CANCELLATION AND ABANDONMENT**

Do you run extended (i.e. involving overnight stays) tours?  Yes  No

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If Yes, how many tours do you operate each year? Tours

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What is the average duration of these tours? Days

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What is the average number of passengers that you carry per tour? Passengers

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Sum Insured any one event (✓)

\$10,000                       \$20,000                       \$50,000

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Other Sum Insured (specify) \$

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Questions relating specifically to Policy F(a)

In the past five years

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Have you had to abandon any tours?  Yes  No

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If Yes, please supply details:

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**POLICY F(B) – TRAUMA COUNSELLING**

Number of Buses/Coaches in your fleet

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Do you do – School Services?  Yes  No

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Do you do – Local Charter/Day Tours within your State/Territory?  Yes  No

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Do you do – Overnight and/or Interstate Trips?  Yes  No

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This policy is restricted to \$10,000 per event with an annual aggregate Policy limit of \$20,000 and a Limit of \$1,500 per individual person.<sup>o</sup>

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**POLICY G – GENERAL PROPERTY**

	Sum Insured
Tools and Equipment of Trade	\$
Other	\$

Please specify "Other" items (if any)

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**POLICY H – SECTION A**

**MACHINERY INSURANCE**

Specified Items Cover

Please nominate below details of specified items and their replacement value

	No. Of Units	Sum Insured
Air Receivers/Compressors (Less than 5HP)		\$
Air Receivers/Compressors (More than 5HP)		\$
Air Conditioners (Less than 5HP)		\$
Air Conditioners (More than 5HP)		\$
Hoists and Workshop Cranes		\$
Total Sum Insured		\$

**POLICY H – SECTION B**

**ELECTRONIC EQUIPMENT INSURANCE**

Cover: Comprises Insured Damage caused by vibration, power surge, low voltage, mechanical, electrical or electronic breakdown.

- For equipment less than 6 years of age, please state the replacement value
- For equipment 6 years of age and over, please state the current actual value

Item No.	Year Of Commissioning	Make, Model/Type, Serial No., Description Of Equipment	Sum Insured
			\$
			\$
			\$
			\$
			\$
			\$
			\$
If space is insufficient, please attach list		Total Sum Insured	\$

**POLICY I – LAND TRANSIT (FULL COVER) PASSENGERS BAGGAGE AND FREIGHT**

**A. PASSENGER BAGGAGE**

Please Select Limit Required

Aggregate Limit	Limit Each Vehicle Or Limit Each Bag
\$	\$

What percentage of the trips would be:

a) Over sealed roads?	%	b) Unsealed roads?	%
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In the past three (3) years has any passenger or freight consignor, made a claim against you for loss or damage to their baggage or freight?  Yes  No

If Yes, please provide details:

**B. FREIGHT**

Do you carry freight?  Yes  No

If Yes, please provide a copy of your Current Consignment Note.

What is the average number of freight items carried on each trip? Items

Freight Sum Insured any one Loss/Event \$

Freight Sum Insured any one Item \$

Note: Explosives, combustible materials and precious metals are excluded under the freight cover.

**POLICY J – FIDELITY GUARANTEE (EMPLOYEE FRAUD)**

Option A - Blanket Cover All Employees  Yes  No

Number of Employees Limit Per Employees \$

Overall Limit \$

Option B - Specified Employees  Yes  No

Name	Position/Title	Length Of Service	Limit
			\$
			\$
			\$
			\$
			\$
			\$

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During the past five years has any employee committed any act of fraud or dishonesty, or has your auditor reported any serious defects in your control procedures?  Yes  No

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If Yes, please provide details:

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Are you a member of a State Association? Please indicate which one from the list below:

- |                                       |                                     |   |
|---------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> VIC – BusVIC | <input type="checkbox"/> SA – SABUS | <input type="checkbox"/> TAS – Tasmania Bus Association |
| <input type="checkbox"/> NSW – BusNSW | <input type="checkbox"/> WA – BCAWA | <input type="checkbox"/> QLD – QBIC                     |
| <input type="checkbox"/> SA – BCASA   | <input type="checkbox"/> WA – WARTA | <input type="checkbox"/> Other                          |

Association Member No.

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This policy includes an automatic \$1,000 cover any one bag or parcel and up to \$10,000 any one bus/coach for your liability for Passenger Baggage.

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### IMPORTANT NOTICES

The information you provide in this document and through any other documentation, either directly or through your insurance broker, will be relied upon by the insurers to decide whether or not to accept your insurance as proposed and if so, on what terms.

Every question must be answered fully, truthfully and accurately. If space is insufficient for your answer, please use additional sheets, sign and date each one and attach them to this document.

If you do not understand or if you have any questions regarding any matter in this document, including these Important Notices, please contact us or your insurance broker before signing the Declaration at the end of this document.

**Unless we have confirmed in writing that temporary cover has been arranged, no insurance is in force until the risk proposed has been accepted in writing by us and you have paid or agreed to pay the premium.**

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### AGENT OF THE INSURERS

SURA Australian Bus and Coach acts as an agent of the Insurer and not as your agent when issuing insurance policies, dealing with or settling any claims. This is an important document please read it carefully.

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### DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract. If anything changes between when the answers are provided to us or disclosures are made and the Relevant Time, you need to tell us. Your duty however does not require disclosure of matters that:

You do not need to tell us anything that:

- reduces the risk we insure you for;
- or is common knowledge;
- or we know or should know as an insurer;
- or we waive your duty to tell us about.

### If you do not tell us something:

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

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## PRIVACY

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. By executing this document you consent to collection, use and disclosure of your personal information in accordance with our Privacy Policy. If you do not provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, your application for insurance may not be accepted, we may not be able to administer your services/products, or you may be in breach of your duty of disclosure.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information including transfer overseas and provision to necessary third parties as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at [www.sura.com.au](http://www.sura.com.au)

Please access and read this policy. If you have any queries about how we handle your personal information or would prefer to have a copy of our Privacy Policy mailed to you, please ask us.

If you wish to access your file please ask us.

## DECLARATION AND AUTHORISATION

This **Declaration** must be signed by the intending insured as the Proposer(s). If the intending insured is a Company, Partnership or other business venture or involves more than one person or entity, then the person signing this declaration must be one authorised to sign on behalf of all persons/entities identified as the intending insured.

Before completing this document, I/We have read and understood this information herein, including the **Important Notices**.

The answers given in this document and any other information supplied by the intending insured or by any other party on their behalf, are truthful and accurate.

I/We understand that the insurer(s) is relying on information supplied herein to decide whether or not to accept or reject this risk and that no material information has been knowingly withheld.

I/We authorise SURA Australian Bus and Coach 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/ours including this completed proposal and my/our insurance claims history and my credit history.

Signature

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Print Name

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Position/Title

Date     /     /

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