

BUS PROPRIETOR'S MOTOR VEHICLE INSURANCE BUSES, COACHES AND ANCILLARY VEHICLES PROPOSAL FORM

Period of insurance requested: FROM _____ / _____ / _____ TO _____ / _____ / _____ at 4.00pm

Name of Insured _____

ABN No. _____ ITC% _____

Primary Depot Address of Insured _____

Suburb _____ State _____ Postcode _____

Internet Website Address: _____

Number of Employees: _____

SUPPLEMENTARY DEPOT ADDRESS

_____ State _____ Postcode _____

_____ State _____ Postcode _____

_____ State _____ Postcode _____

Have your vehicles been insured in the last three (3) years? Yes No

If Yes, who with? _____ Policy No. _____ Excess \$ _____

In respect of any Motor Vehicle Insurance proposed or effected by you, has any Insurer:

- Declined such proposal or cancelled or refused to renew such policy? Yes No
- Imposed a Compulsory Excess; Yes No
 - Over your entire fleet? Yes No If Yes, Excess imposed \$ _____
 - On any particular driver? Yes No Name: _____

Do you conduct vehicular operations involving any insured vehicles airside of any airport/airfield or in any underground mine? Yes No

If Yes, please provide full details: _____

Do you require cover for drivers 80 years or older? This cover is excluded unless noted and agreed (additional information will be required prior to approval) Yes No

THE BUSINESS – VEHICLE PURPOSE: (MUST EQUAL 100%)

% Self/Drive Hire (Must attach Hire Agreement)

% Airport, Hotel, Motel Transfers

% School Bus Only

% Community Services

% School Bus and Local Charter

% Route Services

% General Charter

% Hospitality Industry

% General Charter/Interstate Tours

% Private

% Mine To Accommodation Transfers Only

% Mine To Airport, Hotel Motel Transfers Only

SCHEDULE OF VEHICLES TO BE INSURED

YEAR	VEHICLE	COVER REQUIRED PLEASE TICK (3)			ENG/VIN NO.	REG NO.	SUM INSURED Must include standard/non standard factory/ non factory accessories (Excluding GST)	FINANCE
		Sections 1&2 Own Damage & Third Party Liability	Section 1 Only Own Damage	Section 2 Only Third Party Liability				

Have any vehicles been involved in accidents/incidents during the last five years?
If Yes, complete the schedule below:

Yes No

Date of Loss	Vehicle	Reg No.	Driver's Name	Incurred \$	Accident Description	At Fault?

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

VIC – BusVIC

SA – SABUS

TAS – Tasmania Bus Association

NSW – BusNSW

WA – BCAWA

QLD – QBIC

SA – BCASA

WA – WARTA

Other

Association Member No.

Has the Company/Business, its Proprietors and/or Directors every been convicted of any criminal offence or any offence under State Legislation concerning the operation of buses or coached within the past (10) years?

Yes No

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

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.

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.

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.

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.

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

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 the 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:

Name (Print):

Position / Title:

Date: / /