



PROPOSAL FORM

FOR CARRIERS INSURANCE



IMPORTANT NOTICE TO THE PROPOSER ON COMPLETION OF THIS PROPOSAL FORM

1. DISCLOSURE

Before You enter into a contract of general insurance with Us You have a duty under the Insurance Contracts Act 1984 to disclose to Us every matter which You know or, could reasonably be expected to know which is relevant to Our decision whether to accept the insurance risk and, if so, on what terms.

You have the same duty to disclose those matters to Us before You renew, extend, vary or reinstate a contract of insurance.

You do not need to tell Us about any matter:

- that diminishes the risk proposed to Us,
- that is common knowledge,
- that We know or, in the ordinary course of business as insurers ought to know,
- which We indicate We do not want to know.

It is important that you understand You are disclosing to Us and answering Our questions for Yourself and anyone else You want to be covered by the Policy.

If You do not answer Our questions honestly or do not properly disclose to Us, We may reduce or refuse to pay a claim or may cancel the Policy. If You act fraudulently in answering Our questions or not disclosing to Us, We may refuse to pay a claim or treat the Policy as never having existed.

2. PRIVACY STATEMENT

When providing insurance We collect personal information under the handling guidelines of the Privacy Act 1988 about persons We insure and parties associated with the insured person. All such personal information will only be used and disclosed in accordance with these handling guidelines.

You can obtain a copy of the Lion Underwriting Privacy Policy Statement from our website www.lionunderwriting.com.au

3. ALTERATION OF RISK

Our decision to insure You is based upon the information You provide to Us. Your insurance may be affected if any of the facts or circumstances which existed at the commencement of the Policy change during the period of insurance. If You become aware of any such change You must notify Us immediately.

4. POLICY INFORMATION

This policy is made up of three sections a summary is set out below. A copy of the Policy providing full details of the cover, benefits, limitations, exclusions and conditions is available on request.

Section 1 – Legal Liability.

This section covers Your legal liability to the Goods carried.

Section 2 – Accidental Damage.

This section covers Accidental damage to the Goods carried.

Section 3 – Nominated Perils.

This section covers Accidental damage to the Goods carried caused by named perils.

Each of these sections provide a different coverage, You are only covered for the section that You selected in Your Application.

5. PRESENTATION

This Proposal Form must be completed and signed in ink by an authorised individual, a partner, principal or director of the Proposer.

All questions must be answered. If not applicable, state N/A.

If there is insufficient space to provide answers, additional information should be provided on the Proposer's letter headed paper.

Where available, brochures, standard contract conditions, conditions, agreements and letters of appointment should be provided.

Failure to present Insurers with information in an appropriate manner may adversely influence the ability or willingness of Insurers to offer terms.

6. GUIDANCE

If in doubt as to the meaning of any question contained within this proposal form or the issues raised in Disclosure and/or Presentation, advice should be sought from your contact at Lion Underwriting.

Additional information should be provided on separate sheets clearly identifiable as forming part of the proposal form on company letterhead.

GENERAL DETAILS

1. Intermediary Company Name:
2. Contact Name:
3. Email Address:
4. Telephone Number:
5. Applicant's Name:
6. ABN:
7. How many years has the business been established?
8. Cover attaches: From: _____ To: _____ at 4:00pm
9. Description of the goods and/or merchandise to be insured:
10. How many vehicles do you own / operate?
11. Do you carry goods in your own vehicles? Yes No
12. Geographical Area: From: _____ To: _____
13. Estimated Gross Freight Earnings (GFE) for the next 12 months

General Cargo
 Refrigerated /Perishable
 Livestock
 Motor Vehicles
 Other (Please specify below)
Total

Goods Carried in Own Vehicles	Paid To Your Subcontractors	When You Subcontract to other carriers

SECTION 1 - LEGAL LIABILITY

14. Do you require Legal Liability cover? Yes No

If Yes, please complete the following questions

14.1 Sum Insured: Any one Conveyance/Location. \$

14.2 Do you use a Consignment Note /Conditions of Carriage? Yes No

If Yes, please attach a copy to this application.

14.3 Do you always try to have your consignment notes signed by both the sender and the receiver? Yes No

If No, please explain the reason below:

14.4 Will there be any contracts where the standard terms conditions and limitations are materially different to those contained in your Consignment Note enclosed with this application? Yes No

If Yes, please supply a copy of each of those that differ.

If Yes, your policy will only cover liability under your standard Conditions of Carriage unless it is extended.

14.5 When subcontracting for other carriers, do you accept any liability? Yes No

If Yes, please provide details below:

14.6 Past History:

Please provide details of all claims lodged or, any events which have occurred and may lead to a claim being made.

	Current Year	Previous Year 1	Previous Year 2	Previous Year 3	Previous Year 4
Actual Gross Freight Earnings					
Claims Paid & Outstanding					
Number of Claims					

SECTION 2 – ACCIDENTAL DAMAGE OR SECTION 3 – NOMINATED PERILS

We offer two types of transit damage covers they are:

Section 2 – Accidental Damage

Subject to the terms, conditions, limitations and exclusions of the policy, we will indemnify you up to the sum insured for accidental loss of or damage to the goods whilst in your conveyance or in your premises during the ordinary course of transit within the geographical area specified during the period of insurance caused by an insured event.

Section 3 – Nominated Perils

Subject to the terms, conditions, limitations and exclusions of the policy, we will indemnify you up to the sum insured for accidental loss of or damage to the goods whilst in your conveyance or in your premises during the ordinary course of transit within the geographical area specified occurring during the period of insurance caused by an insured event.

Some of the named insured events are:

- fire, flood, rain water, hail or lightning;
- explosion;
- collision of the Conveyance;
- overturning, jack-knifing, and/or derailment of the Conveyance;
- collision, crashing or forced landing of the aircraft;
- theft of the Goods, pilferage or non-delivery;
- damage occurring during Loading and Unloading.

A copy of the Policy providing full details of the cover, benefits, limitations, exclusions and conditions is available on request.

You are only covered for the section that You select in this application.

Do you require Section 2 – Accidental Damage? Yes No
or

Do you require Section 3 – Nominated Perils? Yes No

If you have answered Yes to the above, please complete the following questions.

15. Sum Insured: Any one Conveyance/Location. \$

Please provide details of your expiring insurance coverage e.g. Accidental Damage cover or Fire, Flood, Collision and/or Overturning etc. cover.

16. Deductible: Please advise amount of your expiring deductible. \$

17. When subcontracting for other carriers, do you accept any liability? Yes No

If Yes, please provide details below:

18. Are vehicles kept in security controlled premises when left unattended overnight? Yes No

19. Are drivers instructed to lock unattended vehicles and remove keys? Yes No

If you have answered NO to either question 18 or 19, please supply details of security for unattended vehicles

20. When subcontracting for other carriers, do you accept any liability? Yes No

If Yes, please provide details below:

21. Past History:

	Current Year	Previous Year 1	Previous Year 2	Previous Year 3	Previous Year 4
Actual Gross Freight Earnings					
Claims Paid & Outstanding					
Number of Claims					
Deductible					

DECLARATION

By signing this proposal form you consent to Lion Underwriting Pty Ltd using the information we may hold about you for the purpose of providing insurance advice and, where appropriate, assistance in relation to handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and regulatory authorities. In the course of performing our obligation to you, this information may be disclosed to agents and service providers appointed by us, Insurers, (including their re-insurers, legal advisers, loss adjustors or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and, where relevant, in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or mis-stated any material facts which may be relevant to the Insurer's consideration of this proposal form and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed. I/We understand that the information I/We provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of any policy provided.

I/We understand that if my/our business acquires, merges with or absorbs another business during the period of insurance, the insurer will require similar information in relation to that business and may charge an additional premium.

Print name:

Signature:

On behalf of:

Date:

Please note, if you wish to submit your form via email, an indication of terms and conditions may be provided on the basis of this proposal form. An original signature is required before a contract of insurance can be made. Encrypted signatures are not acceptable.

Signing this form does not bind the Proposer to complete the insurance. We recommend that you should keep a record of all information supplied to us, including copies of letters and this proposal form, for the purpose of entering into this contract.