COMMERCIAL MOTOR VEHICLE PROPOSAL FORM

Agent: Policy Number: ☐☐ ☐☐☐☐☐☐☐☐ ☐☐☐

YOUR DUTY OF DISCLOSURE

You must tell us of all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent underwriter whether or not to accept your application, and if it is accepted, on what terms and at what cost.

Examples of information you may need to disclose:

* Anything that increases the risk of an insurance claim.
* Any criminal record.
* If another insurer has cancelled or refused to renew insurance or has imposed special terms on your policy.
* Any insurance claim you have made in the past.

Examples of information you do not need to disclose:

* Anything that reduces the risk of an insurance claim.
* Anything we say you do not need to tell us about.
* Anything that is common knowledge.
* Anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. If you are unsure whether you should disclose a particular piece of information, please ask.

WHEN IN DOUBT – DISCLOSE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY

NOTE: The completion of this form is to enable Federal Pacific Insurance (FPI) to establish the nature of the proposers operations, the extent of the cover required, the conditions that are in existence and the rules and the procedures which will apply during the currency of the proposed insurance. The completion and/or signing of this form does not bind the proposer or FPI to the making of a contract of insurance. However, should such a contract be made then the information contained herein shall constitute a part of that contract. Alterations and/or variations of any of the answers given to any of the questions in this proposal form can only be made with the prior advice to, and approval of, FPI.

DETAILS OF APPLICANT(S)

Name _____

Postal Address_____

Business Location/Village_____

Phone _____ Mobile _____ Email _____

Contact Person _____ Position _____

Business Activity _____

Period of Insurance From _____ To _____ at 4pm

POLICY OPTIONS

Type of Cover (tick cover required) Full Cover ☐ Third Party Fire & Theft ☐ Third Party Only ☐

DRIVER DETAILS

Please give details of all drivers who will drive the vehicle(s)

Name	DOB	How long has a licence been held for this class of vehicle?	% use of vehicle
_____	_____/_____/_____	_____ yrs _____ months	_____%
_____	_____/_____/_____	_____ yrs _____ months	_____%
_____	_____/_____/_____	_____ yrs _____ months	_____%
_____	_____/_____/_____	_____ yrs _____ months	_____%
_____	_____/_____/_____	_____ yrs _____ months	_____%
_____	_____/_____/_____	_____ yrs _____ months	_____%

DRIVER HISTORY

Please give details of any accidents, claims or losses (whether at fault or not, and whether insured or not) during the past three years in connection with any motor vehicle owned or operated by you or by any persons who will drive the vehicle(s):

Date	Cause of Accident	Driver	Amount of loss	Insurer
_____/_____/_____	_____	_____	$_____	_____
_____/_____/_____	_____	_____	$_____	_____
_____/_____/_____	_____	_____	$_____	_____

During the past five years, have you (or has any person who will drive the vehicle(s):

(a) Been convicted of any driving offence (excluding parking offences) or an offence for which a prosecution is still pending, or had a driving licence suspended, cancelled or endorsed? Yes ☐ No ☐

(b) Suffered from diabetes, epilepsy, heart condition, or any other disease or physical disability? Yes ☐ No ☐

VEHICLE USE

What is the main purpose for which the vehicle(s) will be used? _____

Is the vehicle(s) operated for more than 10 hours a day? Yes ☐ No ☐

Is the vehicle(s) used for bulk transport of flammable substances that have a flashpoint below 22C or for transport of toxic chemicals, corrosive acids, gas or explosives? Yes ☐ No ☐

Do you hire vehicles or plant, or hire out your vehicles or plant to others? Yes ☐ No ☐

Are you the registered owner of the vehicle(s)? Yes ☐ No ☐ > Give details _____

FURTHER DETAILS

If you answered "Yes" to any of the questions in the above two sections – DRIVER HISTORY and VEHICLE USE, please give details below or on a separate page

_____

_____

_____

EXTRA EXTENSIONS

Foreign Objects (Ingestion or entry into an agricultural implement or machine) Yes ☐ No ☐

Liability for rental vehicles Yes ☐ No ☐

VEHICLE DETAILS

State type of body, whether articulated and give details of any attached plant or implements:

Year Manu.	Gross Laden Weight	Description	Registration Number	Sum Insured* Market Value	Engine Size	Vin/Chassis/ Frame no.
				$	cc	
				$	cc	
				$	cc	
				$	cc	
				$	cc	
				$	cc	
				$	cc	
				$	cc	
				$	cc	
				$	cc	
				$	cc	
				$	cc	
				$	cc	
				$	cc	
				$	cc	

*Note: Book value, depreciated cost, written-down value and/or residual value should not be used for market value

Do any of the vehicles have non standard accessories, mag wheels, stereos or other equipment fitted? Yes ☐ No ☐

If yes, please list items below:

Description of item	Value	Date installed/purchased
	$	
	$	
	$	

ON BEHALF OF THE APPLICANTS

I agree that:

1. Material facts

(a) All information given to FPI (whether oral or written) is true and correct, and

(b) All material facts have been disclosed (see "Your Duty of Disclosure")

2. Terms of Policy

The terms of FPI policy are accepted

3. Agency

Anyone who assists me to complete this Application Form is acting as my agent only

Important Information

- We gather information about you (including your claims history) to consider your application for insurance. If you refuse to provide it, your application may be declined.
- This information is held by FPI and you may access it. It may be passed to other insurers you deal with and mortgagees, etc.

Applicants signature _____ Position/Title _____ Date _____

Full Name _____

Applicants signature _____ Position/Title _____ Date _____

Full Name _____