FEDERAL PACIFIC INSURANCE

PRIVATE 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 Limited (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.

PERSONAL DETAILS

Full Name(s) of the Insured(s)_____

Address _____

Phone _____ Mobile _____ Email _____

Postal Address for Notices (if different from address above)_____

Finance Company (or other interested parties) _____

Date Financial Interest Ends _____

Period of Insurance From _____ To _____ at 4pm

COVER

Covers already with FPI Yes ☐ No ☐

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

VEHICLE DETAILS

Please tick which type of vehicle you are insuring: Car/Ute/SUV ☐ Motorcycle ☐ Caravan ☐ Trailer ☐ Other ☐

Make and Model of Vehicle _____

Year of Manufacture _____ Registration Number _____

Market Value of Vehicle ($) _____ VIN/Chassis/Frame No _____

Engine Size (cc) _____ Turbo/Rotary? Yes ☐ No ☐

Has the vehicle been modified? Yes ☐ No ☐ If "Yes", give details _____
(Including engine, exhaust, suspension, etc)

Has the vehicle been fitted with accessories worth more than $1,000? (Including sound systems, wheels, etc) Yes ☐ No ☐ If 'Yes', give full details

_____

Does the vehicle have an alarm or immobiliser? Yes ☐ No ☐ If "Yes", give details _____

Will the vehicle be used in connection with any profession, business or occupation? Yes ☐ No ☐ If 'Yes', give full details

_____

DRIVER DETAILS

Driver 1		Driver 2	
Name	_____	Name	_____
DOB	_____	DOB	_____
Full drivers licence held less than 2 years?	Yes ☐ No ☐	Full drivers licence held less than 2 years?	Yes ☐ No ☐

DECLARATION QUESTIONS

Have you or anyone else who will be drive this vehicle had any motor accidents, damage or theft in the last 5 years (whether a claim was made or not)? Yes ☐ No ☐ If 'Yes', give full details

_____

Have you or anyone else who will be drive this vehicle ever been indefinitely disqualified from driving for repeat alcohol or drug related offences? Yes ☐ No ☐ If 'Yes', give full details

_____

Have you or anyone else who will be drive this vehicle:

(a) Ever been imprisoned for any criminal or driving offence, or Yes ☐ No ☐ If 'Yes', give full details

(b) Had any conviction or fine for either a criminal offence (within the last 7 years), or driving offence (within the last 3 years), or Yes ☐ No ☐ If 'Yes', give full details

(c) Any prosecution pending for any criminal or driving offence? Yes ☐ No ☐ If 'Yes', give full details

_____

Have you or anyone else who will drive this vehicle ever had insurance declined, cancelled or been refused renewal or had any special conditions imposed? Yes ☐ No ☐ If 'Yes', give full details

_____

Is there any other information likely to affect this insurance? Yes ☐ No ☐ If 'Yes', give full details

_____

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 _____ Date _____ Position/Title (if applicable) _____

Full Name _____

Applicants signature _____ Date _____ Position/Title (if applicable) _____

Full Name _____