

Application Form

contact@ourautoinsurance.com.au

Contact Information

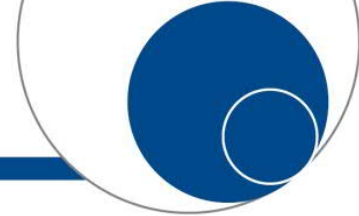
1. Contact Name			
2. Trading / Business Name	3. Business Address		
1.	1.		
2.	2.		
3.	3.		
4.	4.		
5.	5.		
4. ABN			
5. Postal Address			
6. Work Telephone Number		7. Mobile Number	
8. Email Address			
9. Website Address		10. VACC / MTA member no.	
11. Years in Business		12. Insurance Due Date	
13. Expiring Insurance Premium		14. Any Interested Parties	
15. Current Insurer/Broker/ Policy No.			

Property Information

Building Constructions					Fire Protection	Security Protection	How are your customers keys stored overnight?
Location	Year of Construction	Walls	Roof	Floor			
1.							
2.							
3.							
4.							
5.							

Using the following legend, specify the applicable criteria for the Building Construction, Fire and Security Protection sections above:

Building Constructions			Fire Protection	Security Protection
Walls	Roof	Floor		
1. Brick 2. Concrete 3. Wood 4. Metal Cladding 5. Stone Cladding 6. Plastic Cladding 7. Weatherboard 8. Aluminium Composite Panel 9. Asbestos 10. Expanded Polystyrene (EPS) 11. Other – please specify	1. Tile 2. Metal 3. Wood 4. Asphalt 5. Asbestos 6. Other – please specify	1. Wood 2. Concrete Other – please specify	1. Smoke Detectors 2. Hose Reels 3. Sprinklers 4. Extinguishers 5. Thermal Alarms 6. Blankets	1. Deadlocks 2. Alarmed (advise if unsecured, secured, Securitel or dedicated line & GSM backup) 3. Sensors 4. Video Cameras 5. Barred Windows 6. Patrols 7. Bollards 8. Perimeter Fencing 9. Night Lights



General Information

16. Please tick business activities in which your business is involved in and advise percentages where applicable

<input type="checkbox"/>	Road Worthy Certificates	<input type="checkbox"/>	Work on Watercraft	<input type="checkbox"/> Over 8 Meters	%
				<input type="checkbox"/> Under 8 Meters	%
<input type="checkbox"/>	Test Driving of Customers Vehicles	<input type="checkbox"/>	Spray Painting / Smash Repairs		%
<input type="checkbox"/>	Automotive Mechanical Service & Repairs	%	<input type="checkbox"/>	Manufacturing	%
<input type="checkbox"/>	Work on vehicles used for Racing/Track Activities	%	<input type="checkbox"/>	Wrecking / Dismantling	%
<input type="checkbox"/>	Work on exotic vehicles (Ferraris, Lamborghinis etc)	%	<input type="checkbox"/>	Car Wash Service	%
<input type="checkbox"/>	Engine, Transmission or Differential Reconditioning	%	<input type="checkbox"/>	Sales & fitment of tyres	%
<input type="checkbox"/>	Work on Heavy Vehicles larger than 5 Tonnes Carrying Capacity	%	<input type="checkbox"/>	Re-treading of Tyres	%
<input type="checkbox"/>	Work on machinery / agricultural equipment	%	<input type="checkbox"/>	Mobile Work / Site Visits	%
<input type="checkbox"/>	Towing	%	<input type="checkbox"/>	Tuning or Modifying of Performance vehicles	%
<input type="checkbox"/>	Car Sales	%	<input type="checkbox"/>	Other	%

Import / Export, if yes, advise where from/to, product and value:

Imports from:	Products	Annual \$
Exports to:	Products	Annual \$

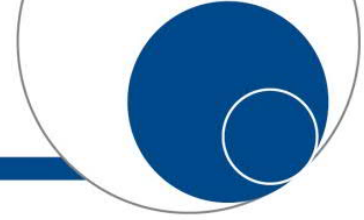
17. Please provide a full description of your business activities and attach any relevant brochures or other documentation :

Location	Business Activities	Last 12months \$ Turnover	Next 12months \$ Turnover
1.			
2.			
3.			
4.			

If "Yes to any of the questions below, please provide full details including name of insurer, dates, amounts in \$'s, reason for cancellation

18. Have you (in the past 5 years)
a) Made any claims on an insurer for loss or damage? Yes No

Year	Insurer	Paid	Outstanding	Total Incurred	Description



b) Had any insurance declined or cancelled, application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer? Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Suffered any loss or damage which would have been covered by the proposed insurance policy? Yes <input type="checkbox"/> No <input type="checkbox"/>
19. Have you or any partner(s), shareholder(s) or director(s) of the business
a) Ever been declared bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. Liquidation or receivership?) Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)? Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Been liable for any civil offence or pecuniary penalty (exceeding \$5,000)? Yes <input type="checkbox"/> No <input type="checkbox"/>

Fire & Perils Section

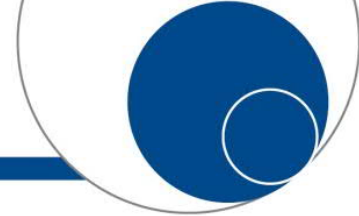
Interest Insured	Location 1	Location 2	Location 3	Location 4	Location 5
Building	\$	\$	\$	\$	\$
Contents	\$	\$	\$	\$	\$
Stock in Trade	\$	\$	\$	\$	\$
Stock Vehicles	\$	\$	\$	\$	\$
Customers' Vehicles	\$	\$	\$	\$	\$
Employee Tools (per employee)	\$	\$	\$	\$	\$
Hail cover required	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Flood cover required	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Business Interruption

Interest Insured	Location 1	Location 2	Location 3	Location 4	Location 5
Gross Profit	\$	\$	\$	\$	\$
Loss of Rent	\$	\$	\$	\$	\$
Professional Fees	\$	\$	\$	\$	\$
Add. Inc. Cost of Working	\$	\$	\$	\$	\$
Indemnity Period Required	<input type="checkbox"/> 12 Months <input type="checkbox"/> 18 Months <input type="checkbox"/> 24 Months <input type="checkbox"/> 36 Months				

Theft

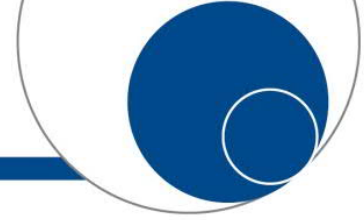
Interest Insured	Location 1	Location 2	Location 3	Location 4	Location 5
Contents	\$	\$	\$	\$	\$
Stock	\$	\$	\$	\$	\$



Stock Vehicles	\$	\$	\$	\$	\$
Customers Vehicles	\$	\$	\$	\$	\$
Is cover required for property in the open?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify:				
Money					
Interest Insured	Location 1	Location 2	Location 3	Location 4	Location 5
Sum Insured	\$	\$	\$	\$	\$
Theft of Money in Safe	\$	\$	\$	\$	\$
Glass					
Interest Insured	Location 1	Location 2	Location 3	Location 4	Location 5
Required	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Machinery Breakdown					
Interest Insured	Location 1	Location 2	Location 3	Location 4	Location 5
Do you require cover for breakdown of Machinery, Plant, Boilers and Pressure Vessels?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Blanket Cover / or;	\$	\$	\$	\$	\$
Specified Machinery				Sum Insured	
				\$	
				\$	
				\$	
				\$	
Electronic Equipment Breakdown					
Interest Insured	Sum Insured				
	Location 1	Location 2	Location 3	Location 4	Location 5
Equipment	\$	\$	\$	\$	\$
Mobile Equipment (Anywhere in Australia)	\$	\$	\$	\$	\$
Restoration of Data	\$	\$	\$	\$	\$
Increased Costs of Working	\$	\$	\$	\$	\$
General Property					
Total Sum Insured	\$		Limit per item required		
List all items (including make, model and serial numbers) for which individual item cover greater than \$2,000 is required				Sum Insured	
				\$	
				\$	
Please Indicate if Goods in Transit cover is required?			Yes <input type="checkbox"/> No <input type="checkbox"/>		\$
If yes, describe the goods:					



Public and Products Liability			
Limit Required		\$10,000,000 <input type="checkbox"/> \$20,000,000 <input type="checkbox"/>	
Limit Required for Goods in Care, Custody and Control (including customers vehicles)		\$	
Type of property in Care, Custody and Control:			
Does the Applicant:			
Engage labour hire or sub-contractors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide estimated Annual Payments and Duties	\$
Ensure that contractors and subcontractors have their own public liability insurance?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Design or formulate products?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide product details and % of turnover	%
Install Products	Yes <input type="checkbox"/> No <input type="checkbox"/>	Manufacture or construct products?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Service, Repair or Alter Products?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sell, supply or distribute products?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Conduct Business Overseas	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please detail business activities, country and applicable estimated annual wages and salaries:	
Business Activities:		Country:	Annual Wages / Salaries
Does the Applicant assume liability under contract, enter into hold harmless agreements or agree to waive rights of subrogation?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please provide details:			
Please state the number of all staff (including principals):			
Staff Type	Number of Staff		
	Full Time	Part Time	
Administration:			
Workshop:			
Other:			
Total:			



Professional Risk

Sum Insured Required	\$	
Is Cover required for Partners/Directors previous similar business (s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is Cover required for Outgoing Principals/Directors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you do roadworthy/registration inspections, vehicle certification, presale inspections (incl recommending repairs & parts), or sell any CTP insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes please provide split of Turnover from each activity (eg. Roadworthy Inspections equal 10% of overall turnover):		
Roadworthy/Registration Inspections	Presale Inspections	CTP Insurance Sales

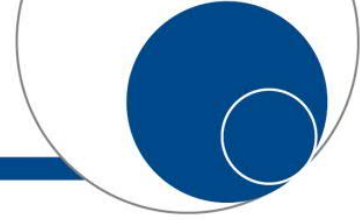
Tax Audit

Sum Insured Required	\$10,000 <input type="checkbox"/>	\$20,000 <input type="checkbox"/>	Other: \$
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Marine Transit

Is this cover required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Inland Transit Only <input type="checkbox"/>	Imports / Exports Only <input type="checkbox"/>	Inland Transit and Imports / Exports <input type="checkbox"/>
Estimated annual insured value of goods transported – Inland Transit	\$			
Estimated annual insured value of goods transported – Imports	\$			
Estimated annual insured value of goods transported – Exports	\$			
Limit any one conveyance	\$			

Other Information



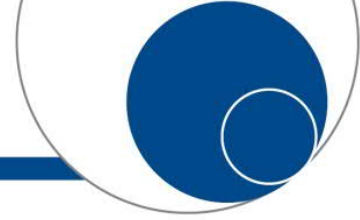
Declaration

I hereby declare that:

1. I am authorised to complete this Proposal Form and to accept the quotation terms for this insurance on behalf of the business referred to in Question 2 (including on behalf of its partners, principals and directors) and;
2. I confirm that answers to the questions contained in this Proposal Form are, AFTER ENQUIRY, true and correct to the best of my knowledge and belief and that no material facts have been misstated, omitted or suppressed; and
3. I have received the Important Information at the end of this proposal form and I have read and understood the contents therein; and
4. I understand that, up until a contract of Insurance is entered into, I am under a continuing obligation to immediately inform the Underwriters of any change on the particulars or statements contained in this proposal form or accompanying documents.
5. I understand credit terms are 14 days from date of invoice. Premium funding options (pay by the month) will be submitted with the Tax Invoice(s).
6. I understand that a percentage of the income received by Marsh is paid to the relative State Motor Traders Association for its role in referral, distribution or promotion.
7. I have read the Policy document(s) attached for full Terms, Conditions and Exclusions.
8. I understand that before I enter into a contract of general insurance with an insurer, I have a duty under the Insurance Contracts Act 1984, to disclose to the insurer every matter that I know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms
9. I accept the insurance terms provided in the Summary of Terms and confirm that there have been no changes to the information supplied to Marsh nor I am aware of any claims lodged against us or aware of any circumstances which may give rise to a claim not previously declared.
10. I agree that Marsh charges an Administration Fee for services as well as receiving commission from the insurer/s both of which are included in the total premium.
11. I/We also appoint Marsh as our Insurance Broker for the covers nominated for the duration of our insurance.

Please select preferred payment option: **Annual:** **Monthly:**

Full Name		Date	
Signed		Position	



Important Information

Duty of Disclosure

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984 (Cth) to tell us anything that you know, or could reasonably be expected to know, may affect the insurer's decision to insure you and on what terms. You have this duty until the contract of insurance is entered into. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

If we ask you questions that are relevant to the insurer's decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions. Also, we may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must tell us about any change or tell us that there is no change. If you do not tell us about a change to something you have previously told us, you will be taken to have told us that there is no change.

You do not need to tell us anything that: reduces the risk insured, or is common knowledge, or the insurer knows or should know as an insurer; or the insurer waives your duty to tell them about.

If you do not tell us something:

If you do not tell us anything you are required to, the insurer may cancel your contract or reduce the amount it will pay you if you make a claim, or both. If your failure to tell us is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

If you are in any doubt as to the extent of the duty of disclosure or whether a piece of information ought to be disclosed, just contact your Marsh Client Risk Adviser.

Marsh Collection Statement

In accordance with the Privacy Act 1988 (Cth) (and subsequent amendments) ('the Privacy Act'), we, Marsh Pty Ltd and our Associated Entities (as that term is defined in the Corporations Act 2001 (Cth)) ('Marsh') draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other Marsh products or services and administering payments to you. If you are proposing for or renewing insurance, the information is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984 (Cth), the Marine Insurance Act 1909 (Cth) or at common law.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and Marsh's Associated Entities, which are all businesses of Marsh & McLennan group of companies ('MMC').
- Your personal information may be sent to our administrative processing centres in Mumbai (India) or Kuala Lumpur (Malaysia) and to other MMC companies, insurers, reinsurers and other third party service providers (e.g. data storage providers) in the United Kingdom, Singapore, Hong Kong, the United States of America and elsewhere.
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act, you must obtain it with the individual's consent.
- We will use and disclose your personal information in accordance with our Privacy Policy. By completing this form you confirm that you have read the Marsh Privacy Policy available on our website (www.marsh.com.au) and you authorise and consent to Marsh collecting, holding, using and disclosing any personal information collected by means of the enclosed document in accordance with the terms of the Marsh Privacy Policy, including for the purposes explained in this collection statement above. If there are any inconsistencies between the terms of this collection statement and the terms of the Marsh Privacy Policy, the terms of the Marsh Privacy Policy prevail to the extent of that inconsistency. You may modify or withdraw your consent at any time. If you do not give us consent or subsequently modify or withdraw your consent, we may not be able to provide you with the products or services you want.
- You can contact our Privacy Officer by:

Email – privacy.australia@marsh.com

Phone – (02) 8864 7688

Post – PO Box H176, Australia Square NSW 1215

New Business

Where you are entering into this policy for the first time (that is, it is new business and is not being renewed, varied, extended or reinstated) you must tell us everything you know, or could be reasonably expected to know, in answer to the specific questions we ask. When answering our questions you must be honest.

Who needs to tell us

It is important that you understand that you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

If you do not tell us

If you do not answer our questions in this way, the insurer may refuse to pay a claim, or cancel the policy. If you answer the questions fraudulently, the insurer may refuse to pay a claim and treat the policy as never being in force.

Renewals, variations. Extensions and reinstatements

Once your policy is entered into and is no longer new business then your duty of disclosure to us changes. You are required before you renew, vary, extend or reinstate your policy, to tell us everything you know, or could be reasonably expected to know, which is relevant to our decision whether to renew, vary, extend or reinstate the contract of insurance and, if so, on what terms.

You do not have to tell us about any matter:

- that diminishes the risk;
- that is of common knowledge;
- that we know or should know in the ordinary course of our business as an insurer; or
- which we indicate we do not want to know.

Policy details

For full details of cover, please refer to the relevant Product Disclosure Statement which sets out the terms and conditions of covered offered. This is available from your Account Manager

The advice in this form is general advice only. To help you decide if the cover suits you, please read the Product Disclosure Statement. We can provide you with further information. Please contact us to request. This insurance is arranged by Marsh Advantage Insurance Pty Ltd (ABN 31 081 358 303, AFSL 238 369) ('MAI'). MAI are not the insurer.

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