



MOTOR FLEET INSURANCE UNDERWRITING INFORMATION

To obtain a quotation return the completed form together with a schedule of vehicles to be insured. The schedule must include the following information in respect of each unit:

1. Fleet No
2. Year of Manufacture
3. Make
4. Model
5. Description including whether it is used as part of a B-Double, Triple, Road Train or other combination
6. Registration & Engine Numbers
7. Vehicle Identification Number
8. Market Value/Sum Insured

Where possible this information should be provided in electronic form (ie Excel format or similar). The form and schedule to be returned via email to:

Leigh Dwyer: leighd@sua.com.au

Ben Johnston-Bradford: benj@sua.com.au

INSURED DETAILS

Insured _____

Trading Name _____

Broker Name _____

Broker Contact _____

Cover required Aggregate Deductible

Deductibles \$5,000 \$10,000 \$20,000 Other: _____

(each and every claim)

Section 2 Limit \$,000,000 Dangerous Goods \$,000,000

Inception Date / / 20

OPERATIONAL DETAILS

Gross Freight Earnings _____ Yrs in Business _____

Major Contracts _____

Operational Changes (last 5y) _____

Main Base	1	_____	% of units	_____
Other Depots (postcode)	2	_____	% of units	_____
	3	_____	% of units	_____
	4	_____	% of units	_____
	5	_____	% of units	_____

DRIVER & STAFF DETAILS

Number of staff employed (incl Principals, Drivers, Clerical staff, Contractors & Sub-contractors)?

	Full Time	Part Time	Casual	Contractors
Drivers				
Principals				
Other				

Are any drivers Under 25yo? No Yes - give driver details & list items driven below



FLEET DETAILS

Please list vehicles numbers to be insured, split into the following categories

Period	Powered Units		Trailers		All other units	
	No.	Total Value	No.	Total Value	No.	Total Value
Current Year		\$		\$		\$
Last Year		\$		\$		\$
2yrs prior		\$		\$		\$
3yrs prior		\$		\$		\$
4yrs prior		\$		\$		\$

Maximum value of any one combined unit

How many combined units are of this value?

Is cover required for non-owned trailers?

No

Yes

If yes How many non-owned trailers?

Max value of any non-owned unit?

Are there any B-Double configurations?

No

Yes - complete table below

Are there any B-Triple configurations?

No

Yes - complete table below

Are there any Road Train configurations?

No

Yes - complete table below

Period	B-Doubles	B-Triples	Road Trains
Current Year			
Last Year			
2yrs prior			

GOODS CARRIED & RADIUS OF OPERATION

Freights/Commodities	% of GFE
General (Non hazardous goods) Overnight Express	
General (Non hazardous goods) Non Express	
Refrigerated Goods incl Hanging Meat	
Furniture	
Livestock	
Produce	
Packaged Dangerous Goods	
Bulk Dangerous Goods	
Vehicles (including heavy machinery)	
Building Products	
Coal & other minerals	
Shipping containers	
Other	
Total	100

Radius (km)	% of GFE
up to 750	%
751 - 1000	%
1001-1500	%
1501-2000	%
2001+	%

Please note our radius limits and freight categories may differ from other insurers.

A quote can not be provided without the correct information totalling 100%. Words such as 'minimal' are not appropriate.

Provide details of any dangerous goods carried in the table below

Substance	BULK or Packaged?	Class	% of GFE



RISK MANAGEMENT & SECURITY

Are all vehicles garaged at one location? No Yes

Maximum value of vehicles at any one site \$

Vehicles garaged in an unsecured open area? No Yes

Is there security lighting fitted? No Yes

Does the company have a risk management program in place? No Yes

If yes, is it audited? No Yes

Does the company have Trucksafe accredit'n? No Yes

If no, will this be attained shortly? No Yes

Does the company have Fatigue Management? No Yes

Does the company have other certifications? No Yes

If yes, provide details:

Does the company have facilities to perform service, maintenance and/or accident repairs? No Yes

Are new drivers required to complete a questionnaire on employment? No Yes

Are tow operators required to provide proof of non-owned trailer cover? No Yes

If yes, to what value? \$,000

Have you ever been investigated or had fines imposed for breaches of the Occupational Health & Safety Act? If yes, provide details: No Yes

Is the company able to meet all debts and liabilities as they come due? No Yes

Are the company accounts audited to AASB Standard? No Yes

ACCIDENT HISTORY - PAST 5 YEARS

PLEASE ATTACH CLAIMS HISTORY FOR PAST 5 POLICY YEARS. THIS MUST BE PROVIDED ON INSURER LETTERHEAD WITH CURRENT UPTO DATE VALUES

In the last 5 years:

Have you had insurance refused? No Yes

Have you had any special conditions imposed? No Yes

If yes to either question, prove details:

PLEASE NOTE THAT QUOTATIONS OR RENEWALS ARE UNABLE TO BE OFFERED WITHOUT FULL COMPLETION OF THIS FORM, INCLUDING ALL QUESTIONS BEING ANSWERED IN THEIR ENTIRETY AND THE ATTACHEMENT OF ALL SUPPORTING DOCUMENTS AS NOTED ON THIS FORM