

Company

Name

Phone

Email

Specialty Motor proposal form

Period of insurance

From To Occupation

The applicant

Overnight address

Street

Suburb State Postcode

Is the day parking address the same as overnight? Yes No

If No please advise location?

Street

Suburb State Postcode

How is the vehicle parked overnight?

Locked Garage Unlocked Garage Carport Driveway Car park On Street

Other

How is the vehicle parked during the day?

Locked Garage Unlocked Garage Carport Driveway Car park On Street

Other

The cover

What type of cover?

Daily Under 8 times per month Under 4 times per month
Permanent on site Once per month Storage (not trading)

Radius of operation km

Vehicle details

Year Make Model

Body type Capacity and cylinders Vin/Chassis number

Registration number Purchase date Purchase price/value \$

Specialty Motor Insurance

Are you entitled to a No Claim Bonus or Discount? Yes No

No Claim Bonus Nil 10% 20% 30% 40% 50% 60% Rating 1 Protected

Description of Operations

Please select the appropriate activity type, if mixed describe.

Hot Food Cold Food Coffee Vendor Mobile Bar Other (describe)

Year Business Started

Fire Protection

Is there an automatic fire extinguishing system? Yes No details

If Yes does it protect the following areas? (tick all that apply) Deep Fat Fryers Range Hoods Cooking Surfaces

Is the Vehicle fitted with Fire Blankets, if so how many? Yes No Qty

Is the Vehicle fitted with Fire Extinguishers, if so how many? Yes No Qty

Are all Extinguishers appropriate for the operation type, e.g. for deep frying operations
Class F (Wet Chemical Class F, Powder Type BE) Yes No
(if No, advise reasons for non-compliance)

Are all Rangehoods cleaned by: You professionally cleaned

Are Rangehoods cleaned Weekly Monthly Quarterly Other (describe)

How many Deep Fryers are fitted? What is the maximum capacity in Litres of each?

Are fryers fitted with any additional fire suppression measures (ie. auto shut-off valves)? Yes No

If so, please list them where applicable'

Specialty Motor Insurance

All people who will drive your vehicle (if powered unit only)

You must nominate all people who will drive your vehicle i.e. those who will drive the vehicle more than 12 times a year. All drivers must have held an appropriate Australian Drivers Licence for more than 5 years. Drivers aged under 25 years (30 in some cases) and over 80 years are excluded or as specified on the schedule.

First name	Family name	Date of Birth	% use
First name	Family name	Date of Birth	% use
First name	Family name	Date of Birth	% use
First name	Family name	Date of Birth	% use

In the last 5 years, have you or any other person likely to drive your vehicle (if powered unit only)

Had any traffic offences, charges, infringements, convictions or disqualifications (excluding parking fines)? Yes No

Date of loss Person involved Amount of fine, penalty or disqualification period

Details of charges, offences, infringements, convictions or disqualifications

Date of loss Person involved Amount of fine, penalty or disqualification period

Details of charges, offences, infringements, convictions or disqualifications

Date of loss Person involved Amount of fine, penalty or disqualification period

Details of charges, offences, infringements, convictions or disqualifications

Specialty Motor Insurance

In the last 5 years, have you or any other person to be insured under this policy.

Made a claim on any motor insurance policy? Yes No

Suffered a loss or damage to a motor vehicle for which you did not claim or were not insured for? Yes No

If you have answered "Yes" to either question please describe the circumstances below.

Drivers name	Person at fault	Cost	Date of loss	Insurer
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Details of charges, offences, infringements, convictions or disqualifications

Drivers name	Person at fault	Cost	Date of loss	Insurer
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Details of charges, offences, infringements, convictions or disqualifications

Suffer from any illness or disability, likely to affect driving ability? Yes No

Had any claims refused, insurance policy declined, cancelled or had special terms imposed? Yes No

Declared bankrupt and not discharged within the last 12 months, or currently involved in bankruptcy or repossession proceedings? Yes No

In the last 10 years, been convicted of, or had any fines or penalties imposed for any crime involving drugs, dishonesty, arson, theft, fraud or violence against any person or property?
If yes, please provide details. Yes No

Specialty Motor Insurance

Declaration

I/We agree on my own behalf and on behalf of all other insured persons that: the within statements are true. The Duty of Disclosure has been complied with. The **Vehicle** described is and shall be maintained in an appropriate condition. When signing the Proposal/Quotation Form, I/We acknowledge that should some or all of the answers stated in this form NOT be in my/our own handwriting, the answers have been checked and I/We certify they are correct and that I/We agree to accept a policy subject to the terms, exceptions and conditions prescribed therein. The **Vehicle** to be Insured shall not be driven by any person other than an **Authorised Driver** or an **Excepted Person** or as otherwise endorsed to **Your Policy Schedule**. The **Vehicle** to be Insured shall not be driven by any person who to my/our knowledge has been refused any motor insurance or the continuance thereof. The Product Disclosure Statement (PDS) for this policy may be made available as described in the “**Our** Product Disclosure Statement’ notice. I/We have read and agree to the terms of the Privacy Notice.

Applicant’s signature

Applicant’s name

Dated

Important notices

1. This Insurance is underwritten by HDI Global Specialty SE - Australia, (ABN 58 129 395 544, AFS Licence number 458776), with its registered address at Tower 1, Level 33, 100 Barangaroo Avenue, Sydney NSW, 2000. Telephone (02) 8373 7580.
2. One Underwriting acts as an agent of HDI Global Specialty SE - Australia in arranging and entering into this motor insurance, not the Insured.
3. This quotation is valid only for a period of thirty (30) days and may be withdrawn or varied at any time by **Us**.
4. By submitting the request for quotation **You** confirm that **You** have read and agree to the terms of the Privacy Notice and Terms of Business sent to **You** by **Us**.
5. In submitting this information **You** are acting as agent of the proposed insured(s) and are doing so on their behalf.

Our Product Disclosure Statement

The law requires that we make available our Target Market Determination (TMD) and that you receive a “Product Disclosure Statement” (PDS) prepared by HDI Global Specialty SE - Australia. The PDS aims to give **You** enough information to decide whether to buy this product. The PDS is made up of a number of documents. The Proposal (or electronic declaration) and the PDS and Policy Wording contains the standard terms and conditions of cover. If cover is issued, the **Policy Schedule** other documents **We** tell **You** are included, will update and becomes part of the PDS. These documents are available to **You** (if **You** or **Your** agent does not already have them, by calling **Us**, visiting our office or website: oneunderwriting.com.au)

Your Duty of Disclosure:

Before **You** enter into a contract of insurance, **You** generally have a duty under the Insurance Contracts Act 1984 (Cth) (ICA) to disclose anything that **You** know, or could reasonably be expected to know, or in the case of consumer contracts (as defined in Part IV of the ICA) (Consumer Contracts) to take all reasonable care to disclose anything that **You** know, or could reasonably be expected to know, that may affect the insurer’s decision to insure **You** and on what terms. This includes **Your** driving record and insurance history for the previous five (5) years and any criminal convictions whether current or spent for the previous ten (10) years prior to the inception of, or renewal of the insurance Policy.

You have that duty after proposal, and up until the time the insurer agrees to insure **You**. **You** have the same duty before **You** renew, extend, vary or reinstate a contract of insurance.

You do not need to tell the insurer anything that:

- reduces the risk that is insured;
- is common knowledge;
- **Your** insurer knows or should know as an insurer; or
- the insurer waives compliance with **Your** duty of disclosure.

If **You** are uncertain about whether or not a particular matter should be disclosed to the insurer, please refer to any guidance issued in any insurance proposal or application form, **Your** Duty of Disclosure obligations contained in any PDS and Policy terms and conditions (as applicable) and contact **Your** appointed insurance broker or **Us**.

Non Disclosure:

If **You** fail to take reasonable care in disclosing information to us in the case of Consumer Contracts, or do not tell **Your** insurer anything **You** are required to, the insurer may cancel **Your** contract or reduce the amount that it is required to pay **You** if **You** make a claim, or both. If **Your** failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

Short Form Privacy Disclosure and Consent

Application/Claim Forms

1. One Underwriting Pty Ltd is committed to protecting **Your** personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). **We** collect, use and disclose personal information to offer, promote, provide, manage and administer our various insurance services **We** are involved in as set out in the One Underwriting Privacy Notice. In order to do this, **We** may also share your information with other persons or entities who assist **Us** in providing or promoting our services as set out in the One Underwriting Privacy Notice. Further information about our privacy practices can be located in the One Underwriting Privacy **Policy**, a copy of which can also be sent to **You** on request by **Your** One Underwriting representative. **You** may also gain access to **Your** personal information, or modify **Your** privacy preferences, by contacting **Your** One Underwriting representative or our Privacy Officer through the means set out in the One Underwriting Privacy Notice.
2. If **You** are disclosing personal or sensitive information about any other person to One Underwriting, **You** confirm that **You** have obtained the consent of that person to disclose to One Underwriting their personal or sensitive information and **You** have made them aware that One Underwriting will or may disclose their information to third parties that are reasonably necessary to assist in the provision of the relevant services or products. If **You** have not obtained consent from this other person to disclose their personal or sensitive information to One Underwriting, **You** will inform **Us** before providing the relevant information to **Us**.

By submitting this Quotation & Proposal Securus Motor Insurance, **You** acknowledge that **You** have read the One Underwriting Privacy Notice and agree that **We** can handle any personal information **You** have provided to **Us** in the manner set out above.

- Unless **You** tick here, **We** or any of **Our** group of companies may be in touch by any means (including email or SMS) at any time to let **You** know about goods, services or promotions that may be of interest to **You**.

Submit your proposal form

motorsolutions@oneunderwriting.com.au
Motor solutions team enquiries 07 3223 7517