



Transport

Driver Declaration

V1020

Important Notices

PEN UNDERWRITING PTY LTD
 ABN 89 113 929 516 AFSL 290518

YOUR DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed

MATTERS THAT AFFECT OUR DECISION TO INSURE YOU AND ON WHAT TERMS

For the purposes of Your Duty of Disclosure, the following matters will affect our decision to insure You and or the terms that may be offered:

Your Drivers

Where Your drivers have:

- 2 traffic infringements in the current 12 months
- Lost their licence within the past 5 years
- A medical condition that could inhibit their driving, such as blackouts, dizziness and diabetes
- Had a criminal conviction in the past 5 years

You

Where:

- You have had an insurance policy for similar cover declined or cancelled or you have been refused renewal of your policy
- You have been bankrupt at any time in the past 5 years
- Where your company has been insolvent or under administration or had a receiver and manager appointed
- You have been a director of a company that went into liquidation in the past 5 years

Vehicle

Where:

- Your Vehicle, while owned by You, has been uninsured for the past 3 months
- You are not the registered owner of the Vehicle

UNDER INSURANCE

If the Sum Insured for Your Vehicle is less than 85% of the Market Value at the time of an Accident or event, You will become Your own insurer for a portion of the loss or damage to Your Vehicle. The Co-Insurance clause is set out in the Claims Conditions.

NO COVER IF RIGHTS “SIGNED AWAY”

This policy does not cover loss, destruction, damage or legal liability in respect of which any right which you may otherwise have against any person is excluded or limited by reason of any agreement you may enter into.

PRIVACY

Pen Underwriting and the Insurer(s) handle your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about you to provide you with insurance and insurance related services. We may disclose your personal information to third parties for the purposes described in our Privacy Policy, including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United States of America, United Kingdom, Singapore, Germany, Sweden and India. By asking us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure

(including overseas disclosure) of your personal information for the purposes described in our Privacy Policy. Where you provide personal information about others, you represent to us that you have made them aware of that disclosure and of our Privacy Policy and that you have obtained their consent. If you do not consent to provide us with the personal information that we request, or withdraw your consent to the use and disclosure of your personal information at any stage, we may not be able to offer you the products or provide the services that you seek. For information about how to access and or correct the personal information we hold about you or if you have any concerns or complaints, ask us for a copy of our Privacy Policy or visit <https://www.penunderwriting.com.au/important-information/>.

Instructions

Please download and save this PDF to your desktop and open via Adobe Acrobat to fill out digitally. Filling the form out in your browser will not save your answers.

Please read this Proposal Form fully prior to answering the questions.

- Please answer all questions in full. Where appropriate, tick the 'Yes' or 'No' box that best indicates your reply.
- If there is insufficient space provided, please provide further information on your letterhead.
- All attached documents form part of this Proposal.

1. Proposer/ Insured Details

Company or Name:

.....

Phone: Fax:

2. Drivers Details

(a) Full Name as shown on Driver's Licence:

.....

(b) Age:

(c) Licence Details:

Licence Number: For Class:

Expiry Date: State of Issue:

Has a Licence ever been held in another State? Yes No

If **Yes**, please advise which State and the Expiry Date:

(d) Please tick types of Licences held and indicate how many years experience held in each type:

C.....yrs LR.....yrs MR.....yrs HR.....yrs HC.....yrs MC.....yrs

(e) Please indicate distances previously travelled in each class (Australian Licence)

LR / MR: Up to 200klms 200 – 600 klms 600 – 850 klms Over 850 klms

HR: Up to 200klms 200 – 600 klms 600 – 850 klms Over 850 klms

HC: Up to 200klms 200 – 600 klms 600 – 850 klms Over 850 klms

MC: Up to 200klms 200 – 600 klms 600 – 850 klms Over 850 klms

(f) In which Australian class of licence has your most recent driving experience been obtained:

(g) How many years / months **continuous** experience in this class:

(h) Which Class of Vehicle will you be driving for this Company/ Insured:

(i) What distance do you normally travel for this Company/ Insured:

3. Convictions

Have you had any convictions in the last five years for:

Alcohol/ DUI Yes No Culpable Driving Yes No

Drug Offences Yes No Negligent Driving Yes No

Dangerous Driving Yes No Other Criminal Conviction Yes No

Court head driving offence Yes No

4. In the last five years, have you, as a driver:

- (a) Been involved in any incidents which resulted in or is likely to result in a claim being made? Yes No
- (b) Had an insurer decline you as a driver, or impose special conditions on your approval? Yes No
- (c) Had your Driver's Licence endorsed, suspended, or cancelled? Yes No
- (d) Do you suffer from any medical condition which would affect or limit your driving performance? Yes No
- (e) Are there any other factors not disclosed (offences, driving history, accidents, disabilities or convictions) which should be advised to us prior to our consideration of your driving approval? Yes No

If you have answered **Yes** to any of the above questions, please provide full details including court decisions and relevant dates:

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5. Accident Details

Please provide accident details for the last five years as follows:

Date	Estimated Cost of Damage	Nature of Accident	Type of Vehicle you drive in the accident	Insurance Claim Made?	Who was At Fault?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

6. Employment History

Please provide details of your last five years of employment (1. Should be your current employer, show unemployment periods)

Name of Employer / Contractor	Type of Vehicle / Combination Driven	Any Accidents?	Number of Years Employed
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please attach to this Driver Declaration

RTA Printout/ Transport Authority driver history for the last five years driving in any and all States and Territories of Australia

Ensure all aspects of this form are answered with sufficient detail to allow us to consider this request and provide a fast reply to you on driver approval

DECLARATION

I/We declare that:

- I am the driver of the vehicle(s)
- The statements in this Declaration are true and complete and no material information has been withheld
- I/We have read and understood the Important Notices accompanying this Declaration
- I/We have diligently made all necessary enquiries in order to comply with the duty of disclosure
- I/We have read the Pen Underwriting Privacy Statement on this Declaration and consent to the use, disclosure and obtaining of personal information about the insured for the purposes shown in the Privacy Statement
- Where I/We have provided information about another individual, that individual has been made aware of that fact and of the Pen Underwriting Privacy Statement
- I/We acknowledge that Pen Underwriting relies on the information and representations in this Declaration and otherwise made by me or on my behalf in relation to this insurance
- Except where indicated to the contrary, I/We understand that any statement made in this Declaration will be treated as a statement made by all persons to be insured
- I/We undertake to notify Pen Underwriting of any material alteration to the information contained in this Declaration prior to inception of the proposed insurance
- I/We understand that no insurance is in place until such time as Pen Underwriting has confirmed acceptance of the proposed insurance

Driver's Signature:

Date:

Insured's Signature:

Date: