

Mobile Plant and Machinery Insurance Proposal Form

IMPORTANT NOTICES

The information you provide in this document and through any other documentation, either directly or through your insurance broker, will be relied upon by the insurers to decide whether or not to accept your insurance as proposed and if so, on what terms.

Every question must be answered fully, truthfully and accurately. If space is insufficient for your answer, please use additional sheets, sign and date each one and attach them to this document.

If you do not understand or if you have any questions regarding any matter in this document, including these Important Notices, please contact us or your insurance broker before signing the Declaration at the end of this document.

Unless we have confirmed in writing that temporary cover has been arranged, no insurance is in force until the risk proposed has been accepted in writing by us and you have paid or agreed to pay the premium.

AGENT OF INSURERS

SURA Plant and Equipment Pty Ltd acts as the agent of the insurer and not as your agent when issuing insurance policies, dealing with or settling any claims. This is an important document, please read it carefully.

DUTY OF DISCLOSURE

This Policy is subject to the Insurance Contracts Act 1984 (Act). Under that Act You have a Duty of Disclosure.

Before You take out insurance with Us, You have a duty to tell Us of everything that You know, or could reasonably be expected to know that may affect Our decision to insure You and on what terms. If You are not sure whether something is relevant You should inform Us anyway.

You have the same duty to inform Us of those matters before You renew, extend, vary, or reinstate Your contract of insurance. The duty applies until the Policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time). If anything changes between when the answers are provided to Us or disclosures are made and the Relevant Time, You need to tell Us.

- reduce the risk;
- are common knowledge;
- We know or, in the ordinary course of Our business, ought to know; or
- We have indicated We do not want to know.

If You do not comply with Your duty of disclosure, We may be entitled to:

- reduce Our liability for any claim;
- cancel the contract;
- refuse to pay the claim; or
- avoid the contract from its beginning, if Your non-disclosure was fraudulent.

After the Policy is entered into, ongoing disclosure obligations can apply. See the Policy for details.

PRIVACY

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. By executing this document you consent to collection, use and disclosure of your personal information in accordance with our Privacy Policy. If you do not provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, your application for insurance may not be accepted, we may not be able to administer your services/products, or you may be in breach of your duty of disclosure.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information including transfer overseas and provision to necessary third parties as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at www.sura.com.au

Please access and read this policy. If you have any queries about how we handle your personal information or would prefer to have a copy of our Privacy Policy mailed to you, please ask us.

If you wish to access your file please ask SURA Plant and Equipment Pty Ltd.

GENERAL INSURANCE CODE OF PRACTICE

We proudly support the General Insurance Code of Practice (the 'Code'). The purpose of the Code is to raise the standards of practice and service in the general insurance industry.

For further information on the Code, please visit www.codeofpractice.com.au or alternatively You can request a brochure on the Code from Us.

BROKER DETAILS

Company	Contact Name	
Address		
Suburb	State	Postcode
Telephone	Email	
ABN		

DETAILS OF THE INSURED

Insured Name	ABN
Address	Suburb
State	Postcode
Telephone	Email
Website	No. of Years in Business
Number of Employees	

GENERAL INFORMATION

Policy Period requested From / / To / /

Your policy will expire at 4pm Local Standard Time

Details of any Interested Parties to be noted

Who is your current Insurer for Material Damage and Registered Insured Item Liability (including CTP Gap Cover)

Policy Number

Who is your current Insurer for Liability?

Policy Number

Main Location at which you conduct your business As above Various as detailed below

Number	Address	Estimated total value of Insured Items at location at any one time
1		\$
2		\$
3		\$
4		\$
5		\$

SECTION 1 – MATERIAL DAMAGE INSURANCE

Describe the main use of your Insured Items

Please indicate the main areas in which you will be operating

CBD Suburbs Country Australia wide

New Zealand Other Overseas Locations Details of overseas locations

Detail the prevention measure used in your operation for:

a) The actual Insured Items

Fire

Theft/Vandalism

b) Your storage locations/depots when Insured Items are not in use

Fire

Theft/Vandalism

c) If Insured Items are left on site overnight

Fire

Theft/Vandalism

d) Detail any of your locations that are located in known Flood Zones

Is your operator:

a) Trained to operate the Insured Item and in its manufacturer's operating manuals? Yes No

b) Aware of the relevant Statutory Requirements for operating the Insured Item? Yes No

c) Subject to verification of their licences, qualifications and past history? Yes No

If you have answered No to any of the above, please provide details:

If your Insured Item includes any Cranes, are they fitted with operational audible and visual Overload Alarms? Yes No

If No, please provide full details

Do you Dry Hire (without an operator) any of the Insured Items?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, do you offer a damage waiver? (Please attach a copy of the hire agreement)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use any Insured Items in contravention of the Manufacturer's Instruction Manual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will any Insured Items be used underground during the Policy Period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please complete the supplementary questionnaire	
Will any Insured Items be used on a barge, under or over water during the Policy Period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please complete the supplementary questionnaire	
Will any Insured Items used in connection with Harvesting, Logging or Forestry during the Policy Period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will any Insured Items be used in connection with Railworks?	<input type="checkbox"/> Yes <input type="checkbox"/> No

a) If Yes, please specify the Insured Items that are used in Rail corridors

b) Do any of the Insured Items used in rail works have Hi-Rail Attachments? Yes No

If Yes, please specify the Insured Items that have Hi-Rail Attachments

OPTIONAL COVERS

The following Optional Extensions are available at an additional premium, please advise if you wish to obtain terms to extend your Policy to include any of these covers:

Agreed Value – Please advise which Insured Items it is to apply to. Yes No

Please note we may require a current independent valuation prior to providing this cover

Automatic Additions Increased Sum Insured (increased above the current \$500,000 limit) Yes No

If Yes, what limit is required?

Breakdown Yes No

[Please complete the supplementary questionnaire](#)

-
- Consequential Additional Costs Covers Yes No
- a) Substitute Hire Costs – Plant Yes No
-
- b) Ongoing Hire Costs Yes No
-
- c) Finance Payment Protection Yes No
-
- d) Substitute Hire Costs – Trucks and Motor Vehicles Yes No

[Please complete the supplementary questionnaire](#)

- Damage Waiver Protection (Extended Dry Hire) Yes No
- a) Please provide a copy of the Hire Agreement to which the Cover is to be linked
-
- b) Please advise the specific items to which this Cover is to apply
-
-
-
- c) Do you charge a Damage Waiver? Yes No
- d) Please advise if there are any of your Hirers that you do not wish us to seek recovery from for any Indemnity we provide to you under this policy
-
-
-

- Goods Lifted increase above the current \$100,000 Yes No

[Please complete the supplementary questionnaire](#)

- Hired In Item cover required Yes No

[Please complete the supplementary questionnaire](#)

- Increased Cost of Working Yes No

[Please complete the supplementary questionnaire](#)

- Loss of Revenue Yes No

[Please complete the supplementary questionnaire](#)

SECTION TWO – REGISTERED INSURED ITEM LIABILITY INSURANCE

Do you require registered, conditional registered, or items which may be temporarily registered during the Policy Period insured under this Section? Yes No

If Yes, please specify the Registered Insured Items to be covered and registration number on the schedule

If you require a limit higher than the \$20,000,000 offered, please advise the limit required: \$

OPTIONAL COVERS

The following Optional Covers are available at an additional premium, please advise if you wish to obtain terms to extend your Policy to include any of these covers:

Do you wish to increase the Dangerous Goods cover from the \$500,000 provided? Yes No

If Yes, please advise the limit required \$

Do you require cover for Hired in Registered Items? Yes No

If Yes, how many items?

a) Would you have in your hire during a 12 Month Period? Yes No

b) Would you have in your possession at any one time? Yes No

SECTION THREE – BROADFORM LIABILITY INSURANCE

Do you require cover for your Public and Products Liability exposures? Yes No

If Yes, please advise the Liability Limit of Indemnity required: \$10m \$20m

\$50m Other

\$

Estimated Annual Business Turnover for the next 12 months \$

Full Description of Proposed Business Activities

List each distinct business activity to be covered by this Policy, and provide a value or Percentage split of the activities anticipated contribution to the Turnover for the proposed Period of Insurance:

Incoming generating business activity	Estimated turnover (\$ or % of total)
Total	\$

Non Income Generating Incidental Exposures

Detail any business activities undertaken, that do not actually generate an income:

Owner and/or Occupier of Storage Yards and Offices

Number of Storage Yards

Number of Offices

Number of Yards used as Workshops, Storage Yard and Offices

Contractors / Sub Contractors and Labour Hire

Do you utilise non direct employees (Contractors/Sub Contractors or Labour hire) in any of your activities?

Yes No

If Yes, please provide the following details:

a) Nature of work to be Contracted/Sub Contracted for this period of Insurance:

Labour Only

Estimated Payments

\$

Labour and Materials

Estimated Payments

\$

b) Do these persons carry their own Liability and Workers Compensation Insurance?

Yes No

If Yes, how do you check the adequacy and currency of these policies?

c) Do you require these persons to indemnify you against any loss or liability which may result from their negligence?

d) Are you always named as "Principal" on their Liability Policies?

Do you ever waive your rights or assume liability of others under any contracts or agreements?

Yes No

If Yes, provide details

In undertaking any of your business activities do you create trade waste?

Yes No

If Yes, please provide details of the waste and how you dispose of it:

Is any of your equipment used in land fill or waste disposal operations?

Yes No

Do you store, transport, handle or use any Dangerous Goods, hazardous goods or materials? Yes No

If Yes, please provide details

Do you undertake any construction or demolition activities above 10 metres in height? Yes No

If Yes, please provide details

Is any of your equipment operated above 10 metres in height? Yes No

As a part of your business do you produce, import or export any products, or equipment? Yes No

If Yes, please provide details:

Do you undertake any underpinning or dewatering work? Yes No

If Yes, please provide details:

Do you undertake any work over water, underwater or from barges? Yes No

If Yes, please provide details:

Do you conduct any welding or hot work away from your premises? Yes No

If Yes, please advise details of these activities:

Do you perform any work or service in any Airside Area of an airport? Yes No

(Airside means an area where airships and airplanes take off, land, taxi, load and/or unload including runways, taxiways, aprons adjacent to runways and/or taxiways, air bridges and aircraft standing areas)

If Yes, please note special conditions may be imposed

Do you undertake any Tree Lopping work? Yes No

If Yes, please provide details

OPTIONAL COVERS

The following Optional Covers are available at an additional premium, please advise if you wish to obtain terms to extend your Policy to include any of these covers:

Do you wish to increase the Property In Your Physical or Legal Control (Care, Custody & Control) sublimit from the current \$250,000? Yes No

If Yes, please advise the increased limit you require: \$

Do you wish to increase the vibration and removal of support sublimit from the current \$1,000,000? Yes No

If Yes, please advise the increased limit you require: \$

CLAIMS EXPERIENCE

Have you had any losses or incidents in relation to Material Damage, Registered Insured Item Liability or Broadform Liability during the last five (5) years, whether insured or otherwise, that could have given rise to a claim being made? Yes No

If Yes, please advise the following details for each loss or incident.

Date of Incident	Details	Total amount of loss
<hr/>	<hr/>	\$
<hr/>	<hr/>	\$
<hr/>	<hr/>	\$
<hr/>	<hr/>	\$
<hr/>	<hr/>	\$
<hr/>	<hr/>	\$

DECLARATION AND AGREEMENT

Has any Insurer, in respect of risks to which this proposal relates, ever:

- | | |
|---|--|
| a) Declined a proposal, refused a renewal or terminated insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Required an increased premium or imposed special conditions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Declined an insurance claim by the Insured or reduced its liability to pay an insurance claim in full (other than by application of excess)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If Yes, to a), b) or c) please give details

Have You or any of Your machine operators or drivers been convicted of any offence in connection with the use, operation or control of any machine or motor vehicle during the previous five (5) years? Yes No

If Yes, please give details.

Have You or any of the Principals, Partners and Directors of the Insured ever been:

- | | |
|---|--|
| a) Charged with an offence regarding fraud or dishonesty? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Made bankrupt or placed into receivership or under administration? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Convicted of a criminal offence? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Have any Owners/Drivers in the last 5 years:

- Had a claim refused, insurance declined or special conditions imposed on a motor vehicle / plant policy
- Had a judgment for breach of financial agreement
- Been convicted of or had any fines or penalties imposed for stealing a motor vehicle / plant
- Been convicted of or had any fines or penalties imposed for illegal use of a motor vehicle / plant
- Been convicted of or had any fines or penalties imposed for fraud or attempted fraud
- Been convicted of or had any fines or penalties imposed for aiding or abetting
- A vehicle / plant legally repossessed or been declared bankrupt and not been discharged for at least one year
- 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, to any of the above, please advise Owner/Driver and full details.

This Declaration must be signed by the intending insured as the Proposer(s). If the intending insured is a Company, Partnership or other business venture or involves more than one person or entity, then the person signing this declaration must be authorised to sign on behalf of all persons/entities identified as the intending insured(s).

Before completing this document, I/We have read and understood the information herein, including the Important Notices.

I/We agree that this Proposal Form together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected. I/We undertake to inform the insurer of any material alteration to this information occurring before the proposed insurance commences.

I/We declare that the statements and particulars contained within this Proposal Form are true and that I/We have not mis-stated or suppressed any material facts.

I/We understand that the insurer is relying on information supplied herein to decide whether or not to accept or reject this risk and that no material information has been knowingly withheld.

I/We acknowledge that by submitting this completed Proposal Form (with any other information) I/We consent that the insurer may use and disclose my/our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. This consent remains valid until I/We alter or revoke it by written notice. I/We also undertake to advise any changes to my/our personal information.

NAME OF INSURED: _____

SIGNATURE: _____

(This Proposal is to be signed by a Principal, Partner or Director of the Proposed Insured)

TITLE OF SIGNATORY: _____

FULL NAME: _____

DATE: _____

SCHEDULE OF EQUIPMENT TO BE INSURED

Item	Year	Make	Model	Type	Registration	Serial number	VIN/Chassis number	Sum insured
								\$
								\$
								\$
								\$
								\$
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*Copy and attach separate sheets in excel format if required.