

BUS PROPRIETORS LIABILITY INSURANCE PROPOSAL FORM

Period of Insurance From / / To / / At 4pm Local Time

Name of Insured

ABN No. ITC%

Registered Business Yes No

Years In Operation Or New Business Venture

Primary Depot Address Of Insured

Suburb State Postcode

Interested Parties:

Number of Employees:

SUPPLEMENTARY DEPOT ADDRESS

State Postcode

State Postcode

State Postcode

Estimated Turnover \$ Limit Of Liability Required \$

No. Of Persons Engaged In Business Estimated Wage Roll \$

No. Of Buses/Coaches/Ancillary Vehicles

Are Contractors/Labour Hire Used Yes No

Estimated Payments \$

Details

Is Third Party Mechanical Work Carried Out At Your Premises? Yes No

Turnover Derived From Third Party Mechanical Work \$

Are there any activities performed other than the transporting of passengers? Yes No

If Yes, please provide details:

Does your client sell or promote any products?

Yes No

If Yes, please provide details:

Does your client assume any liability or waive their rights under any contract or agreement?

Yes No

If Yes, please provide details:

Internet Website Address:

The Business – Vehicle Purpose: (Must equal 100%)

% Self/Drive Hire

% Airport, Hotel, Motel Transfers

% School Bus Only

% Community Services

% School Bus and Local Charter

% Route Services

% General Charter

% Hospitality Industry

% General Charter/Interstate Tours

% Private

% Mine To Accommodation Transfers Only

% Mine To Airport, Hotel Motel Transfers Only

In respect of any Liability Insurance proposed or effected by you, has any Insurer:

- Declined such proposal or cancelled or refused to renew such policy?

Yes No

- Imposed Compulsory Excess or Conditions?

If Yes, Imposed Excess

\$

Imposed Conditions

Has the Company/Business, its Proprietors and/or Directors ever been convicted of any criminal offence or any offence under State Legislation concerning the operation of buses or coaches within the past ten (10) years?

Yes No

If Yes, please supply official police record/document with date of conviction, name of proprietor/director and details.

Please advise details of previous claims, uninsured claims or reportable incidences within the last seven (7) years

| Year | Paid \$ | Outstanding \$ | Details |
|------|---------|----------------|---------|
| | | | |
| | | | |
| | | | |

Does your business carry out, operate or organise any of the following activities listed below?

- | | | |
|---|---|---|
| <input type="checkbox"/> Off the beaten track camping | <input type="checkbox"/> 4 x 4 off road | <input type="checkbox"/> Aerial Activities |
| <input type="checkbox"/> Bush walking tours | <input type="checkbox"/> Beach buggies | <input type="checkbox"/> Corporate Games |
| <input type="checkbox"/> Mountain climbing | <input type="checkbox"/> Horse riding | <input type="checkbox"/> Paintballing |
| <input type="checkbox"/> Canoeing/Kayaking/Rafting | <input type="checkbox"/> Abseiling | <input type="checkbox"/> Mountain Biking |
| <input type="checkbox"/> Skiing/Snowboarding | <input type="checkbox"/> Caving | <input type="checkbox"/> Diving |
| <input type="checkbox"/> Fishing Trips | <input type="checkbox"/> Hunting | <input type="checkbox"/> If not listed please specify |
| <input type="checkbox"/> Other nautical sports/activities | <input type="checkbox"/> Motor cycling | _____ |

Are you a member of a State Association? Please indicate which one from the list below:

- | | | |
|---------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> VIC – BusVIC | <input type="checkbox"/> SA – SABUS | <input type="checkbox"/> TAS – Tasmania Bus Association |
| <input type="checkbox"/> NSW – BusNSW | <input type="checkbox"/> WA – BCAWA | <input type="checkbox"/> QLD – QBIC |
| <input type="checkbox"/> SA – BCASA | <input type="checkbox"/> WA – WARTA | <input type="checkbox"/> Other |

Association Member No. _____

This policy includes an automatic \$2,500 cover any one bag or parcel and up to \$50,000 any one bus/coach for your liability for Passenger Baggage.

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 THE INSURERS

SURA Australian Bus and Coach acts as an 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

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, that 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 tell us, 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.

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 us.

DECLARATION AND AUTHORISATION

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 one authorised to sign on behalf of all persons/entities identified as the intending insured.

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

The answers given in this document and any other information supplied by the intending insured or by any other party on their behalf, are truthful and accurate.

I/We understand that the insurer(s) 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 authorise SURA Australian Bus and Coach to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine/ours including this completed proposal and my/our insurance claims history and my credit history.

Signature

Print Name

Position/Title

Date / /
