

## QUOTATION REQUEST AND APPLICATION

Name of Insured \_\_\_\_\_ Years in Business/Experience \_\_\_\_\_

Business Location/s (Name, Street, Suburb, State, Postcode, Estimated Total Value at location at any one time, if more than one location)  
\_\_\_\_\_  
\_\_\_\_\_

Business Activities \_\_\_\_\_ Estimated Turnover \_\_\_\_\_

*Note: If activities include Concrete Pumping, Barge Operations, Importing/Manufacturing, Installations, Airside or Railway Work additional information will be required*

Current Insurer \_\_\_\_\_ Due Date / Expiry Date \_\_\_\_\_

Claims Experience – Please attach copy of last 5 years Claims Experience \_\_\_\_\_

Number of Employees \_\_\_\_\_

### SECTION 1 - MATERIAL DAMAGE

ITEM	YEAR	MAKE	MODEL	TYPE	REGISTRATION	SERIAL NO.	VIN/CHASSIS NO.	SUM INSURED
1								\$
2								\$
3								\$
4								\$
5								\$
6								\$
7								\$
8								\$
9								\$

**SECTION 2 – REGISTERED INSURED ITEM LIABILITY** – Is cover required?  Yes  No

Select Limit  \$20,000,000  \$30,000,000  \$50,000,000  Other \_\_\_\_\_

**SECTION 3 – BROADFORM LIABILITY** – Is cover required?  Yes  No

Select Limit  \$10,000,000  \$20,000,000  \$30,000,000  \$50,000,000  Other \_\_\_\_\_

**OPTIONAL COVERS** – If any optional covers are required the full proposal form must be completed. Refer to our website [www.sura.com.au/plant-and-equipment](http://www.sura.com.au/plant-and-equipment) to download our Proposal Form and review our product Features and Benefits.

## 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.

## 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, 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. Your duty however does not require disclosure of matters that:

- 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.

## 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.

## 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](http://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.

## 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](http://www.codeofpractice.com.au) or alternatively you can request a brochure on the Code from SURA Plant and Equipment Pty Ltd.

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**DECLARATION AND AUTHORISATION**

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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.

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- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 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?<br>If Yes please give details. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

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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 |

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.

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**NAME OF INSURED****SIGNATURE**

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**TITLE OF SIGNATORY****FULL NAME**

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**DATE**

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