

MOTOR DEALERS PACKAGE POLICY RENEWAL QUESTIONNAIRE

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

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, 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.

CLAIMS MADE POLICY

Section 8 – Tax Audit and Section 9 - Occupational Liability are issued on a “claims made and notified” basis. This means that these sections of the Policy responds to:

- Claims first made against you and notified to the Insurer during the policy period arising from events after any retroactive date on the policy, and
- Events of which you first become aware during the policy period that could give rise to a future claim provided that you notify the Insurer during the policy period of the circumstances of such events and they arose after any retroactive date on the policy.

When the policy expires, no claims can be made on the policy even though the event giving rise to the claim may have occurred during the policy period.

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.

AGENT OF INSURERS

In arranging this insurance, SURA Motor Dealers is acting under an authority given to it by insurers, and is acting as the agent of the insurer and not as your agent.

GENERAL INSURANCE CODE OF PRACTICE

We proudly support the General Insurance Code of Practice.

The purpose of the Code is to raise the standards of practice and service in the general insurance industry.

The Code aims to improve:

- the quality, comprehension and accuracy of policy documents and other information provided to consumers;
- employee and agent training and supervision;
- Claims handling and dispute resolution.

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

Please answer questions fully, use block letters and tick appropriate boxes

Licensed Broker AFSL

Contact Name

Phone

Email

Date

Insured Name

Number of Employees Full Time Part Time

LOCATIONS

1.

2.

3.

4.

5.

6.

Postal Address

State Postcode

PERIOD OF INSURANCE

a) Commences 4pm on / / and ends 4pm on / / local standard time.

b) Any subsequent period for which the Insured shall pay and the Insurer(s) shall agree to accept a renewal premium.

SECTIONS

Please provide a quotation for the following sections:

SECTION 1 – Industrial Special Risks

SECTION 2 – Crime

SECTION 3 – Hail Damage to Vehicles

SECTION 4 – Commercial Motor Composite

SECTION 5 – Broadform Public/Products Liability

SECTION 6 – Equipment Breakdown

SECTION 7 – Inland Transit

SECTION 8 – Tax Audit

SECTION 9 – Occupational Liability

SECTION 1 – INDUSTRIAL SPECIAL RISKS

Please answer questions fully, use block letters and tick appropriate boxes

RISK DETAILS

Note: if multi-situations please advise for each

Construction

Walls:	<input type="checkbox"/> Concrete	<input type="checkbox"/> Brick	<input type="checkbox"/> Metal	<input type="checkbox"/> Other:
Floor:	<input type="checkbox"/> Concrete	<input type="checkbox"/> Timber	<input type="checkbox"/> Metal	<input type="checkbox"/> Other:
Roof:	<input type="checkbox"/> Concrete	<input type="checkbox"/> FC/AC	<input type="checkbox"/> Metal	<input type="checkbox"/> Other:
Frame:	<input type="checkbox"/> Concrete	<input type="checkbox"/> Timber	<input type="checkbox"/> Metal	<input type="checkbox"/> Other:
Height:	<input type="checkbox"/> Single Storey	<input type="checkbox"/> Multi Storey		
Condition of Premises:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	

Security

Intruder Alarm in operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Local	<input type="checkbox"/> Monitored
Monitoring of alarm is via	<input type="checkbox"/> Dedicated line	<input type="checkbox"/> Securitel line	<input type="checkbox"/> Digital dialer	
Who responds to alarm?	<input type="checkbox"/> On site security	<input type="checkbox"/> Security company	<input type="checkbox"/> Other:	
Areas alarmed?	<input type="checkbox"/> External doors	<input type="checkbox"/> Interior	<input type="checkbox"/> Safe	<input type="checkbox"/> Other:
Is there a safe on premises?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are yards protected by fences/bollards/chains?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are entry points and driveways protected?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Exterior security lighting?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Security?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Permanent night watchman?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are vehicle keys kept in office during trading hours?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are vehicle keys kept in safe/security cabinet outside trading hours?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Fire Protection

Automatic fire sprinklers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Automatic fire/smoke detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire hydrants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire hose reels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Portable fire extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes to any to the above, have appliances been serviced within the last 6 to 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please complete and return the Risk Details Sheet attached

SECTION 4 – COMMERCIAL MOTOR COMPOSITE

Are you aware of anyone comprising the Insured or any employee of the Insured who is likely to drive any vehicle cover by the Motor Composite Policy has, in the last 12 months:

- a) Been fined/convicted of a traffic offence? Yes No
- b) Had a driving licence endorsed, suspended or cancelled? Yes No
- c) Had any moving vehicle accidents or fines, or lodged a claim in connection with a motor vehicle? Yes No

If Yes to any of the above, state full details:

SECTION 5 – BROADFORM PUBLIC/PRODUCTS LIABILITY

TURNOVER

New vehicle sales	\$
Used vehicle sales	\$
Parts sales	\$
Services/repairs	\$
TOTAL	\$

NO. OF EMPLOYEES

Workshop	\$
Authorised employees issuing statutory certificates	\$
All Other	\$
TOTAL (INCLUDING DIRECTORS)	\$

IMPORTS

Are vehicles/parts imported directly? Yes No

If Yes, please provide full detail:

CONTRACTUAL LIABILITY

Has the client (or representative of the client) entered into a contract, agreement, covenant, treaty, pact or similar in which the insured has knowingly or unknowingly assumed the responsibility for actions taken by another party?

Yes No

If Yes, please provide full details:

* Please refer to the liability exclusion titled 'Contractual Liability' on pages sixty four and sixty five (64-65) of the Motor Dealers Insurance Solution wording (SMDPKG1.0 06 2018) for the scope of cover.

SECTION 8 – TAX AUDIT

CLAIMS MADE AND NOTIFIED BASIS OF COVERAGE

Some sections of the Motor Dealer Tax Audit Insurance Policy are issued on a 'claims made and notified' basis.

This means that these sections of the policy respond to:

- a) claims first made against you during the period of insurance and notified to the insurer during the period of insurance, provided that you were not aware at any time prior to the policy inception of circumstances which would have put a reasonable person in your position on notice that a claim may be made against him/he; and:
- b) claims made against you after the expiry of the period of insurance provided that, pursuant to section 40(3) of the Insurance Contracts Act 1984, you have given written notification to the insurer of facts which may give rise to a claim being made against you. Such notification must be given as soon as reasonably practicable after you become aware of the facts and prior to the time at which the policy expires. If you give written notification of facts the policy will respond even though a claim arising from those facts is made against you after the policy has expired. Please note that there is no right to obtain this protection under the terms of this policy and the effect of this policy is that you are not covered for such claims made after the expiry of the period of insurance.

We will pay for the professional fees incurred by you in connection with an audit of your financial or tax affairs in respect of your business by the Australian Taxation Office, or by another Commonwealth, State or Territory department, commenced and notified to us in the period of insurance.

We will not cover you under this section unless you:

- 1) lodge taxation and other returns and pay all taxes within three months of the time limits prescribed by statute or, if an extension is granted by the auditor, within the further period granted;
- 2) respond to letter, requests and enquiries from the auditor within a reasonable time; and
- 3) make full and complete declarations of all relevant liabilities, income and capital gains derived by you and of all Commonwealth, State or Territory taxation liabilities due to be paid or remitted by you during each year of income, and all deductions including capital losses or other amounts claimed by you in respect of the same period.

For the purpose of this section, the audit commences at the time you or your professional adviser first receives notice that the auditor proposed to conduct an audit and is completed when:

- 1) the auditor has given written notice to that effect;
- 2) the auditor notifies you that it has made a concluded decision about your returns;
- 3) when the auditor has issued an assessment or amended assessment of your returns; or
- 4) in the absence of (1), (2) or (3) above where your professional adviser declared in writing that such an audit has been concluded.

LIMIT OF INDEMNITY

\$10,000 \$20,000 \$50,000 \$100,000

No. of Persons:

No. of Directors:

REQUESTED EXCESS(ES)

\$ _____ or 10% of the Professional Fee whichever is the greater

OPTIONAL COVERS

Director Tax Probe

Yes No

If Director Tax Audit option is required, please individually list the directors below;

1. _____ 2. _____

3. _____ 4. _____

Investigation Cover \$ _____

Superannuation Cover \$ _____

SECTION 8 – TAX AUDIT (CONT)

GENERAL QUESTIONS

1. Does an independent external accountant prepare your financial statements? Yes No

2. Do you perform regular procedural reviews or internal audits? Yes No

3. Has an Audit by a Commissioner of Taxation been conducted? Yes No

4. Have you been fined or penalised in the last 5 years? Yes No

5. Have you been notified of a pending or likely Tax Audit? Yes No

6. Do you believe or have you any reason to suspect you will be the subject of a Tax Audit? Yes No

If Yes to any of the above, state full details (if insufficient space attach separately)

SECTION 9 – OCCUPATIONAL LIABILITY

1. CLAIMS MADE AND NOTIFIED BASIS OF COVERAGE

Some sections of the Motor Dealers Occupational Liability Insurance Policy are issued on a 'claims made and notified' basis.

This means that these sections of the policy respond to:

- a) claims first made against you during the period of insurance and notified to the insurer during the period of insurance, provided that you were not aware at any time prior to the policy inception of circumstances which would have put a reasonable person in your position on notice that a claim may be made against him/her; and
- b) claims made against you after the expiry of the period of insurance provided that, pursuant to section 40(3) of the Insurance Contracts Act 1984, you have given written notification to the insurer of facts which may give rise to a claim being made against you. Such notification must be given as soon as reasonably practicable after you become aware of the facts and prior to the time at which the policy expires. If you give written notification of facts the policy will respond even though a claim arising from those facts is made against you after the policy has expired. Please note that there is no right to obtain this protection under the terms of this policy and the effect of this policy is that you are not covered for such claims made after the expiry of the period of insurance.

2. RETROACTIVE DATE

If a retroactive date applies to a section of this policy then it means that cover is excluded for any wrongful act occurring or committed prior to the Retroactive Date.

Our policy also contains provisions that exclude cover for any wrongful act occurring or committed by a subsidiary company and it's directors, officers or employees prior to it's acquisition or creation by the Insured.

3. TYPE OF ORGANISATION

What type of organisation is the Company?

- ASX listed public company Proprietary company
- Not-for-profit Company limited by guarantee
- Other (please specify):

4. DETAILS OF ULTIMATE HOLDING COMPANY

Is the Company a subsidiary company of another company? Yes No

If Yes, please advise name of ultimate holding company, country of registration and website address.

5. DETAILS OF EMPLOYEES, REVENUE AND ASSETS

Please state Company's and its subsidiary companies' employees, revenue and assets as follows

	TOTAL REVENUE	TOTAL ASSETS	NET ASSETS
AUSTRALIA	\$	\$	\$
ELSEWHERE	\$	\$	\$
TOTAL	\$	\$	\$

6. ROADWORTHY CERTIFICATES

Please state the number of authorised employees who issue roadworthy certificates:

SECTION 9 – OCCUPATIONAL LIABILITY (CONT)

7. DIRECTORS' AND OFFICERS' DETAILS

- a. Has any former or current director or officer of the Company or its subsidiary companies (current or past) ever been declared bankrupt Yes No

If "Yes", please provide details of the name of director/ officer and the date declared bankrupt.

- b. Has any former or current director or officer of the Company or its subsidiary companies (current or past) ever been a director or officer of an organisation placed in receivership, liquidation or provisional liquidation? Yes No

If Yes, please provide details of: Name of Director/Officer, name of organisation, date and details of receivership/ liquidation.

8. OUTSIDE DIRECTORSHIPS

- Do any of the directors, officers or employees of the Company or its subsidiary companies hold or have they held (at the specific request of the Company or its subsidiary companies) any outside directorships or positions of equivalent status in any outside entities (whether for or not for profit)? Yes No

If Yes, please provide the following details for each outside entity for which Outside Directorship cover is required and attach the latest annual report for each outside entity.

OUTSIDE ENTITY	COUNTRY OF REGISTRATION	DETAILS OF ANY DIRECTORS & OFFICERS INSURANCE PROVIDED BY THE OUTSIDE ENTITY		
		LIMIT	INSURER	POLICY NUMBER

9. MERGERS, ACQUISITIONS AND CAPITAL RAISINGS

- a. Has the Company or its subsidiary companies undergone any corporate restructuring in the last 3 years? Yes No
- b. Has the Company or its subsidiary companies had a reduction in personnel affecting 20% or more of the workforce in a single location within the past 3 years? Yes No
- c. Does the Insured anticipate any redundancies, staff reductions or facility closures in the next 18 months? Yes No
- d. Does the Insured have any plans to acquire, sell, dispose of or merge with any company or business in the next 12 months? Yes No
- e. Is the Insured aware of any proposals relating to the takeover of the Company or its subsidiary companies by another company in the next 12 months? Yes No

If Yes, to any of the above please provide details:

10. INSOLVENCY COVER

- The policy contains an insolvency exclusion. Do you want the insolvency exclusion removed? Yes No

If Yes, please attach a copy of the Company's last annual report and accounts to this Application Form and advise:

- a. Since the last annual report and accounts were issued, has there been any significant change in the financial position, capital structure or operation of the Company or its subsidiary companies which might materially affect the financial position in that annual report? Yes No
- b. Are any of the directors or officers aware of facts or circumstances that might affect the ability of the Company or its subsidiary companies to meet all its debts as and when they fall due? Yes No

If Yes, to a) or b) please provide details:

SECTION 9 – OCCUPATIONAL LIABILITY (CONT)

11. CLAIMS HISTORY

For the purpose of answering this question, please note that reference to “Company” includes all of its past and current subsidiaries.

- a. Has any claim ever been made or civil, criminal or regulatory proceedings brought against the Company or any director, officer or employee (whether as directors, officers or employees of the Company or any other company), in respect of the risks of the kind to which this Application Form relates? Yes No
-
- b. Has any director, officer or employee ever received a notice to attend an official investigation, examination, inquiry or other proceedings ordered or commissioned by an official body or institution, in respect of the risks of the kind to which this Application Form relates? Yes No
-
- c. During the last 5 years, has the Company suffered any loss as a result of any dishonest or fraudulent act of any employee, in respect of the risks of the kind to which this Application Form relates? Yes No
-

If you answered Yes to any of the above questions, please provide full details using a separate sheet.

12. KNOWN CIRCUMSTANCES

For the purpose of answering this question, please note that reference to “Company” includes all of its past and current subsidiary companies.

After enquiry, are any of the directors or officers of the Company aware of any act, omission, conduct, fact, event, circumstance or matter which might reasonably be expected to:

- a. give rise to a claim or lead to civil or criminal proceedings against the Company or any director, officer or employee? Yes No
-
- b. result in the Company or any director, officer or employee being required to attend an official investigation, examination, inquiry or other proceedings? Yes No
-

If you answered Yes to any of the above questions, please provide full details using a separate sheet.

It is agreed that if such facts, circumstances or situations exist, whether or not disclosed, any claim arising from them is excluded from this proposed coverage.

13. CURRENT INSURANCE

- a. Does the Insured currently hold any Occupational Liability Insurance, Management Liability Insurance, Directors and Officers Liability Insurance, Employment Practice Liability Insurance, Superannuation Fund Trustee Liability Insurance or Fidelity Insurance? Yes No
-

If Yes, please provide details:

Insurer: _____ Policy Period: _____

Limit: _____ Excess: _____

- b. Has any insurer, in respect of the risks to which this Application Form relates, ever (due to factors that related to the assessment of the particular risk):
-

i. declined a proposal, refused renewal or terminated an insurance? Yes No

ii. declined an insurance claim by the Insured or reduced its liability to pay an insurance claim in full (other than by application of an Excess)? Yes No

If Yes, to i or ii, please provide details:

DECLARATION AND AUTHORISATION

1. Has anyone comprising the insured either alone or jointly with others:

a) Had any insurance declined or cancelled, renewal refused, claim rejected or special conditions imposed by an insurer? Yes No

b). In the last three years claimed on any insurance for, or suffered any loss or damage by, any event to be insured by this proposed insurance? Yes No

2. Have you or any person insured under this policy:

a) Been declared bankrupt or made an agreement with your creditors? Yes No

b) Been convicted of any criminal offence(s) Yes No

3. Are there any special or unusual hazards existing which will increase the likelihood of loss, damage, destruction or liability? Yes No

If Yes, to a), b), or c) please give 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 the 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 the 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 SURA Motor Dealers Pty Ltd are 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 Form. 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 FIRM

SIGNATURE

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

TITLE OF SIGNATORY

FULL NAME

DATE
