

# Commercial Mobile Plant/Motor Vehicle Insurance Proposal

The Proposer(s):

Address:

Email:  Fax No.:

Telephone No(s): Home:  Business:  Extn:

Interested Parties:

Business/Occupation:

Area of Operation:

Period of Insurance: From 4:00 pm-  To 4:00pm -

**VEHICLES & USE**

#	Year	Make/Model	Reg No.	Sum Insured
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

\*Note: Sum Insured should include all accessories affixed to the Insured Vehicles, but should exclude G.S.T and should be no less than Market Value.

**INTENDED DRIVERS** (Please list the principal drivers that will use the vehicles)

1.	D.O.B	2.	D.O.B
3.	D.O.B	4.	D.O.B
5.	D.O.B	6.	D.O.B
7.	D.O.B	8.	D.O.B

**VEHICLE USE**

1. Are the vehicles fitted with any anti-theft devices or fire extinguishers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do any of your vehicles have a regular run of over 100kms in each run more than once a week?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Are any of your vehicles operated more than 10 hours per day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Are any of the vehicles designed for bulk transportation of inflammable liquids or gases?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you carry toxic chemicals, acids, explosives or items considered dangerous?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Do you hire out any of your vehicles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Where are the vehicles normally housed when not in use. i.e. locked garage, locked yard etc		

<b>GENERAL QUESTIONS</b>		NOTE: If you answer "Yes" to any of the following Questions you must provide all details.	
<b>(i) Are you the owner of all the Insured Vehicles, if not, specify those who have financial interest?</b>			
Name:			
Postal Address:			
<b>(ii) Have you or any Intended driver, involved in the operation of the Insured Vehicles:</b>			
(a)	Ever been charged with a Log Book Offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b)	Ever been convicted of a Motoring Offence, other than parking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c)	Ever had a Drivers Licence endorsed, suspended or cancelled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(d)	Ever been declined insurance or had special terms imposed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(e)	Ever had an insurance cover cancelled for non payment of premium?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(f)	Ever been wound up, liquidated or made insolvent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(g)	Ever been involved in or charged with a criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(h)	Ever suffered, and still do, from any known physical or mental defect or infirmity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>(iii) List all Insurers for the last 3 years who have covered the Insured Vehicles?</b>			
<b>(iv) Please list all accidents in the section below, whether or not the subject of an insurance claim, in the past 3 years. If insufficient space please attach a separate listing.</b>			
<b>(v) Have you ever had a claim declined by an Insurer? If so state Insurer and all details of the accident.</b>			
<b>(vi) Has any Insured Vehicle been altered from the Manufacturers original specification or recommended options? If insufficient space please attach a separate listing.</b>			
<b>DECLARATION</b>		Important: If you leave out any information or give false information, the Company may – refuse or reduce a claim, cancel the policy or, treat the policy as having never been in force.	
<b>I/We declare that:</b>			
All particulars and answers given are in every respect true and correct;			
The proposal shall be the basis of the Contract with the Company and I/We agree to abide by the Conditions of the Policy and any additional terms imposed by the Company.			
The sum insured at least represents the estimated Market Value and that no attempt has been made to understate the value.			
Insured's Signature:		Date:	