

Protecting and supporting your community



Commercial Motor Insurance

Proposal Form

Insurance Proposal

Important notices

Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984. If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

You have this duty until we agree to insure you.

You have the same duty to disclose these matters to us before you renew, extend, vary or reinstate an insurance contract.

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.

Non Disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the policy in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning.

Change to circumstances

You should advise Ansvr as soon as practicable of any material change to the organisation insured and any of its subsidiaries and controlled entities as disclosed in this proposal form.

Basis of Cover - Occurrence

Please ensure you have read the product disclosure statement/policy document and the important notices in this application to assist your understanding. If you require any assistance, please contact your insurance intermediary or your local Ansvr Insurance office.

Waiver of Rights

If you have agreed not to seek compensation from another person who is liable to compensate you for any loss, damage or liability which would have been covered by this policy, we will not cover you under this policy for that loss, damage or liability other than to the extent provided under any Section of this policy or agreed by us in writing.

Privacy Statement

Ansvr places the highest priority on providing prompt, efficient and friendly service including the protection of your privacy.

We collect your personal information to provide you with general insurance products. The information we collect is used to assist us to provide you with our general insurance products, to manage our relationship with you and to assess and process claims. We will not be able to supply you our policy if you do not provide us with your personal information. The information is generally collected from you when you are applying for or enquiring about our insurance products or when making a claim.

At times we rely on third party suppliers (agents, lawyers, other insurance companies, assessors, investigators, loss adjusters, market research and mailing houses) to perform specialised activities for us. Your personal information may be provided to them so that they can

carry out their agreed activities. They are bound by confidentiality and non-disclosure agreements and are prohibited from using the information for any other purpose. These service providers are aware of their obligations under the Privacy Act. We are unlikely to provide your personal information to overseas recipients.

Our Privacy Policy includes further information about how we handle your personal information including how you can access and correct your information or make a privacy related complaint. For more information please visit our website: www.ansvar.com.au/privacy or you can contact one of our offices.

Code of Practice

As a signatory to the General Insurance Code of Practice (the "Code"), we are committed to raising standards of service to our customers. This voluntary code sets out the minimum standards we will uphold in the services we provide to you. You can obtain more information on the Code and how it assists you by contacting us.

Contact us

The registered office of Ansvr Insurance is Level 5, 1 Southbank Boulevard, Southbank Victoria.

Our contact details are:

Ansvr Insurance

Phone: 1300 650 540

Post: GPO Box 1655, Melbourne, Victoria 3001

Email: insure@ansvar.com.au

Website: www.ansvar.com.au

ABN 21 007 216 506 AFSL 237826

Complaints and Disputes

Ansvr is committed to resolving any complaint you may have in relation to our products, services or handling of your personal information. Our process has three (3) key stages.

1. Make a complaint

Please refer Your complaint to us by using one of the following options:

Phone: 1300 650 540

Email: insure@ansvar.com.au

Post: **Ansvr Customer Disputes Resolution**

GPO Box 1655, Melbourne, Victoria 3001

Your complaint will be reviewed and a response provided to you within 7 business days of us receiving notice of the complaint. Please ensure you provide a telephone number at which you may be contacted.

2. Refer for internal dispute resolution

If You are not satisfied with our response, You may ask us to refer your complaint to our Internal Dispute Resolution Committee.

The committee is made up of representatives from across our organisation that have the appropriate knowledge and authority to deal with your complaint. The committee will review your complaint and provide their decision in writing to you within 7 business days from the date of receiving all necessary information about your concerns.

3. Refer for external dispute resolution

Ansvar is a member of the Australian Financial Complaints Authority (AFCA). AFCA was established in 2018 as an independent service to deal with complaints from consumers and small business about financial services and products. If we are unable to resolve your complaint, you may seek advice from AFCA.

Contact the **Australian Financial Complaints Authority**

Website: www.afca.org.au

Phone: 1800 931 678

Email: info@afca.org.au

Post: GPO Box 3, Melbourne, Victoria 3001

How to fill out this Proposal Form

All questions must be answered in relation to the organisation to be insured and all its subsidiaries and controlled entities (if any). Please tick the box next to the correct answer and/or write the information requested in the space provided.

If you require more space to answer any questions or to describe any matter you need to disclose to us, please provide this information on a separate signed sheet of paper or attach the relevant document(s) to this proposal.

It is critical that you refer to the Ansvar Commercial Motor Insurance policy for full terms and conditions of the policy.

Please ensure this form is signed and dated by an authorised person.

Period of insurance

From 4pm (State Time)

to 4pm (State Time)

Details of the Insured/Proposer(s)

Full Name or Company Name

Business Description

List of Business Activities

Phone

Business

Mobile

ABN Number

Postal Address

Broker Name

Broker Account Number

Vehicles Details and Cover

Please complete the attached schedule of vehicles or on a separate page if there are more than fifteen (15) vehicles which should be signed and dated.

No.	Year of Make	Vehicle Make	Vehicle Model	Body Type	Registration Number	Vehicle Value*	Cover Type	Garaging Postcode
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Do you carry any dangerous goods Yes No

If Yes, Please provide details

Optional Covers (Available if selected and an Additional Premium is Payable)

a. Hire Vehicle following and Accident Yes No

(Only available if Your Vehicle is a sedan, station wagon, four wheel drive, panel van, SUV or utility or other Vehicle up to two (2) tonne)

b. Windscreen Extension Yes No

*Agreed Value only available if Your Vehicle is a sedan, station wagon, four wheel drive, panel van, SUV or utility or other Vehicle up to two (2) tonne and is up to 5 years of age (Annual qualified Motor Vehicle valuation required).

Claims History

1. During the last five (5) years, have you or any person who will or is likely to drive any of the vehicles listed:
- a. Had any fines or penalties imposed for a traffic offence, other than a parking fine; Yes No
 - b. Been convicted or had any fines or penalties imposed for any driving related alcohol or drug offences; Yes No
 - c. Had a driver's licence cancelled or suspended or been disqualified from holding a driver's licence for any period; Yes No
 - d. Been responsible for causing any motor accident; Yes No
 - e. Had any other incidents involving vehicle damage or theft? Yes No
2. Have you been declared bankrupt and not been discharged for at least one year? Yes No
3. During the last five (5) years has any insurer refused to insure any motor vehicle for you or any person who will or is likely to drive your vehicle(s)? Yes No

If you have answered "Yes" to any of the questions, please provide details in the space below or on a separate page if needed, which should be signed and dated including the name of any insurer involved. You can obtain your driving record from the licencing authority in your State.

Date	Full Details (including name of driver and insurer where relevant)

Declaration

I/we:

- a. declare that the answers given and statements made are to the best of my/our knowledge true and correct, and that I/we have not withheld any information likely to affect the acceptance of this application or the terms on which it is accepted.
- b. declare that I/We have read and understood the Important Notices set out in the proposal and I/we are authorised to make this proposal.
- c. acknowledge that the information contained in this proposal and any attachments is subject to the terms, conditions and provisions contained in the Ansvar Commercial Motor Insurance Policy underwritten by Ansvar.
- d. acknowledge and consent to the information supplied in this proposal to Ansvar being used for both the principal purpose of assessing this application for insurance cover and the secondary purpose of disseminating to the business entity information, notices and details regarding this insurance policy and services distributed or offered by Ansvar.
- e. declare that I/we have made all due enquiries necessary in order to comply with the Duty of Disclosure.
- f. declare that I/we have read Ansvar's Privacy Policy and consent to the collection, use and disclosure of personal information about the insured for the purposes shown on the Privacy Statement.

Please tick the box if you do **not** wish to receive any marketing material from us.

Signed

Name

Date

Position

Signed

Name

Date

Position

Attachments

Please attach to this proposal:

- a. details of any other information which you think may affect your insurance or which we should be advised of (see "*Your duty of disclosure*"); and
- b. any additional information which may assist us to gain a complete appreciation of the nature of your organisation.



1300 650 540 www.ansvar.com.au

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Ansvar Insurance Ltd. ABN 21 007 216 506 AFSL 237826
Member of the Ecclesiastical Insurance Group