

Read this first: Please read the Duty of Disclosure section on the back page before completing this application. Please answer each question on behalf of ALL PEOPLE TO BE INSURED. If you need more space to answer questions, attach a separate sheet and sign it.

THE APPLICANT/S							
Name(s) of the registered owner(s) of the vehicle (known as the Insured)				Occupation			
Are you registered for GST		<input type="checkbox"/> Yes <input type="checkbox"/> No		ABN			
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to this policy?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Percentage to be claimed %	
Residential address							
Suburb		State		Postcode			
Business phone		Private phone		Mobile phone			
Email address							
Period of insurance		From		To		At 4pm	
DRIVER DETAILS							
Give details of all known drivers of the vehicle (INCLUDING THE OWNER). An additional excess may apply to undeclared drivers. However, this additional excess will not apply if the driver is over 25 years of age and has not been convicted of driving under the influence, or not had their licence suspended or cancelled in the five years prior to the date of loss. The undeclared driver excess will not apply for vehicles described for Business Use or if the Faultless Excess clause is applicable.							
Driver details (main driver first)							
Surname	Given name(s)		Date of Birth	M/F	Years licensed in Australia	% of use	Does this person own another vehicle?
1.						%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.						%	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.						%	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.						%	<input type="checkbox"/> Yes <input type="checkbox"/> No
					100%		
<i>If more drivers are declared, please add a sheet with the relevant information. Please tell us if you wish at any time to declare additional drivers.</i>							
VEHICLE DETAILS							
Year of manufacture	Make of vehicle Eg. ford, BMW, Holden	Model details Eg. Falcon XT, 320i, VE		Registration number	Body style Eg. sedan	No. of doors	No. of cylinders
Engine number or VIN			Metallic paint		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unknown		
Transmission		<input type="checkbox"/> Manual <input type="checkbox"/> Automatic		Airbags		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unknown	
Fuel type		<input type="checkbox"/> Diesel <input type="checkbox"/> Petrol <input type="checkbox"/> Electric		Turbo or supercharged		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unknown	
OFFICE USE ONLY			Red Book vehicle code				

WINDSCREEN EXCESS PROTECTION

Do you want to remove the excess on windscreens for an extra premium?

 Yes No**HIRE CAR FOLLOWING AN ACCIDENT** **Option 1** = \$82.50 cover per day (14 days/7 weekends) **Option 2** = \$46.30 cover per day (14 days/7 weekends)**AFTER MARKET THEFT SECURITY SYSTEM****Only complete if not fitted as a "standard" factory item.**

If a security system is installed that immobilises your vehicle by: a) cutting power to the ignition or cuts the fuel line or b) has a "full metal jacket" on the steering column, we will allow a discount. However, an additional excess of \$200 will apply if your vehicle is stolen and the security system was not active.

Name/model of security system

Is the security system in good working order and properly maintained?

 Yes No

Tick features that operate:

 Cuts power to the ignition Cuts fuel line Full metal jacket**PROTECTED NO CLAIM DISCOUNT**Are you insuring for Comprehensive and are entitled to **maximum No Claim Discount with no "at fault" claims for the last 3 years**, you can protect your NCD for one "at fault" claim, by payment of an extra premium. Do you require this cover? Yes No**NO CLAIM DISCOUNT ENTITLEMENT**

Name of last or current insurer

Policy number

Date of expiry

Type of cover

Yrs insured

Bonus

%

Registration number of vehicle insured

Have you disposed of that vehicle?

 Yes No**Please attach proof of your current No Claim Discount entitlement eg. current original renewal notice or letter from Insurer.****OWNER(S) AND DRIVERS' HISTORY****In the last 5 years have you or any person likely to drive this vehicle:**

Had:

a claim, accident or car stolen or burnt (even if not reported or not claimed from an insurer)?

 Yes No

insurance refused, declined or cancelled by an insurer or any special conditions imposed?

 Yes No

a drivers or motorcycle licence cancelled, suspended or endorsed?

 Yes No

Been convicted or charged with:

drug use, driving under the influence, or exceeding Prescribed Concentration of Alcohol?

 Yes No

any driving offences or issued any speeding or traffic infringements?

 Yes No

fraud, arson, theft or any other criminal act?

 Yes No

Suffered from any physical or mental disability (excluding eyesight corrected by lenses)?

 Yes No

If you answered yes to any of the above, please provide details below. If there is insufficient space, please attached a sheet with relevant information.

Name of driver

Date of incident

Details of each incident

Your insurer

Person at fault

DUTY OF DISCLOSURE

Under the Insurance Contract Act 1984 (the Act); you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstance could be expected to know, is a matter that is relevant to our decision whether to insure you and anyone else to be insured under the Policy and if so, on what terms.

You do not have to tell us about any matter

- that diminishes the risk
- that is of common knowledge
- that we know or should know in the ordinary course of our business as an insurer, or - which we indicate we do not want to know.

If you do not tell us

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

PRIVACY

The Pro-Insure Privacy Policy explains what sort of personal information we collect and hold about you and what we do with that information. Please contact us for a copy of our Privacy Policy or visit our website www.proinsure.com.au

SIGNATURE AND DECLARATION

I/We declare that:

1. I have received a copy of the Product Disclosure statement (PDS) and the Policy Terms and Conditions and agree to be bound by the terms and conditions contained in it.
2. The Duty of Disclosure and inadequate space to answer, notices set out above have been read and understood by me/us.
3. All answers and statements made in this application are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance.
4. I acknowledge you reserve the right to decline any application.
5. I authorise that Pro-Insure Pty Ltd give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of Insured 1.		Name	Date
Signature of Insured 2.		Name	Date

Please check that this form has been fully completed as any omissions may delay your claim.

OFFICE USE ONLY

Standard (or adjusted) excess	\$	Premium (points)	\$
- Age under 21	\$	Govt. FSL	\$
- Age 21 – 24	\$	Govt. GST	\$
- Over 25 and less than 2 years licensed	\$	Govt. Stamp Duty	\$
- Undeclared Driver Excess	\$	Total Payable	\$
Clauses			
NCD	Rating		years
Accepted by (name)		Date	

UNINSURED RISK LIST

ASSET RISK PROTECTION		LIABILITY RISKS & EXPOSURES	
<input type="checkbox"/>	Aviation hull	<input type="checkbox"/>	Airport operators
<input type="checkbox"/>	Boiler explosion	<input type="checkbox"/>	Association liability
<input type="checkbox"/>	Burglary	<input type="checkbox"/>	Aviation liability
<input type="checkbox"/>	Contract works	<input type="checkbox"/>	Defamation
<input type="checkbox"/>	Contractors plant and machinery	<input type="checkbox"/>	Directors and Officers liability
<input type="checkbox"/>	Corporate travel	<input type="checkbox"/>	Employers liability accident make-up pay
<input type="checkbox"/>	Crop	<input type="checkbox"/>	Employment practices liability
<input type="checkbox"/>	Electronic equipment	<input type="checkbox"/>	Extra territorial workers' compensation
<input type="checkbox"/>	Extended warranty	<input type="checkbox"/>	Environment impairment liability
<input type="checkbox"/>	Fire and perils	<input type="checkbox"/>	Professional indemnity or Errors and Omissions
<input type="checkbox"/>	Glass	<input type="checkbox"/>	Forged transfers
<input type="checkbox"/>	Flood	<input type="checkbox"/>	Legal liability insurance
<input type="checkbox"/>	Householders	<input type="checkbox"/>	Marine liability
<input type="checkbox"/>	Industrial special risks	<input type="checkbox"/>	Motor – CTP
<input type="checkbox"/>	Jewellers block	<input type="checkbox"/>	Product recall expenses
<input type="checkbox"/>	Livestock and bloodstock	<input type="checkbox"/>	Professional indemnity
<input type="checkbox"/>	Machinery breakdown	<input type="checkbox"/>	Broadform public and products
<input type="checkbox"/>	Marine builders risk	<input type="checkbox"/>	Liability
<input type="checkbox"/>	Marine cargo	<input type="checkbox"/>	Trustees liability
<input type="checkbox"/>	Marine hull	<input type="checkbox"/>	Umbrella liability
<input type="checkbox"/>	Marine transit	<input type="checkbox"/>	Workers' compensation
<input type="checkbox"/>	Motor		
<input type="checkbox"/>	Personal valuables		
<input type="checkbox"/>	Political risks		
INCOME & OTHER FINANCIAL RISK EXPOSURES		PEOPLE EXPOSURES & PROTECTION	
<input type="checkbox"/>	Accounts receivable	<input type="checkbox"/>	Group life cover
<input type="checkbox"/>	Advance consequential loss	<input type="checkbox"/>	Consumer credit
<input type="checkbox"/>	Bonds performance guarantees	<input type="checkbox"/>	Journey cover
<input type="checkbox"/>	Business interruption	<input type="checkbox"/>	Key man
<input type="checkbox"/>	Cancellation and abandonment	<input type="checkbox"/>	Loss of license
<input type="checkbox"/>	Commercial legal expenses	<input type="checkbox"/>	Major trauma cover
<input type="checkbox"/>	Computer breakdown	<input type="checkbox"/>	Partnership and shareholder protection
<input type="checkbox"/>	Computer crime	<input type="checkbox"/>	Personal accident and illness
<input type="checkbox"/>	Credit insurance	<input type="checkbox"/>	Income protection
<input type="checkbox"/>	Export credit	<input type="checkbox"/>	Salary continuance
<input type="checkbox"/>	Fidelity guarantee	<input type="checkbox"/>	Travel and expatriate cover
<input type="checkbox"/>	Intellectual property		
<input type="checkbox"/>	Kidnap, ransom and extortion		
<input type="checkbox"/>	Machinery breakdown profits increased		
<input type="checkbox"/>	Marine profits		
<input type="checkbox"/>	Money		
<input type="checkbox"/>	Product tamper		
<input type="checkbox"/>	Strike	Client signature	
<input type="checkbox"/>	Takeover defence	Client name	
<input type="checkbox"/>	Audit and investigation	Date	

