



**ZURICH**<sup>®</sup>

# Transport Fleet – New Business

## Questionnaire

### Completing the Questionnaire form

1. This questionnaire must be completed in full including all required attachments.
2. If more space is needed to answer a question, please attach a separate sheet with details.
3. The terms Insured, whenever used in this questionnaire shall mean the insured and all subsidiary companies of the Insured for which coverage is proposed.

### Duty of disclosure

For policyholders who are not a natural person, before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

#### Individuals

If you are the policyholder and you are a natural person, a different duty of disclosure to the one set out above applies to you. Contact your intermediary or us to ensure you are notified of your duty.

#### If you do not tell us something

If you do not tell us anything you are required to, 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.

### Privacy

Zurich is bound by the Privacy Act 1988 (Cth). We collect, disclose and handle information, and in some cases personal or sensitive (eg health) information, about you ('your details') to assess applications, administer policies, contact you, enhance our products and services and manage claims ('Purposes'). If you do not provide your information, we may not be able to do those things. By providing us, our representatives or your intermediary with information, you consent to us using, disclosing to third parties and collecting from third parties your details for the Purposes.

We may disclose your details, including your sensitive information, to relevant third parties including your intermediary, affiliates of Zurich Insurance Group Ltd, other insurers and reinsurers, our banking gateway providers and credit card transactions processors, our service providers, our business partners, health practitioners, your employer, parties affected by claims, government bodies, regulators, law enforcement bodies and as required by law, within Australia and overseas.

We may obtain your details from relevant third parties, including those listed above. Before giving us information about another person, please give them a copy of this document. Laws authorising or requiring us to collect information include the Insurance Contracts Act 1984, Anti-Money Laundering and Counter-Terrorism Financing Act 2006, Corporations Act 2001, Autonomous Sanctions Act 2011, A New Tax System (Goods and Services Tax) Act 1999 and other financial services, crime prevention, trade sanctions and tax laws.

Zurich's Privacy Policy, available at [www.zurich.com.au](http://www.zurich.com.au) or by telephoning us on 132 687, provides further information and lists service providers, business partners and countries in which recipients of your details are likely to be located. It also sets out how we handle complaints and how you can access or correct your details or make a complaint.

### Reasonable precautions and fraudulent acts

You must take all reasonable precautions for the maintenance and safety of the Insured Property and prevention of loss. We will not be liable for any loss, damage, injury or liability arising from a deliberate or fraudulent act committed by you or on your behalf.

### Policy details

For full details of cover, please refer to the Product Disclosure Statement and Policy wording which sets out the terms and conditions of cover offered. This is available from your local Zurich Office or your intermediary.

## 1 Insured details

1. Name of Insured
2. Proposed Period of insurance
3. Holding underwriter
4. How long have they held the risk?
5. If less than 3 years, who were the previous Insurers?

6. Holding broker
7. How long have they held the risk?
8. If less than 3 years, who were the previous brokers?

9. Basis of rating or premium terms (last 3 years)

10. Historical Vehicle numbers and Excess for the past 5 years. (NOTE: Minimum 3 years to be provided)

Period	Number of vehicles	Total Fleet value	Excess level
To			
To			
To			
To			
To			

**Note: Claims information must be provided in writing from previous Insurer(s).**

11. Provide details of losses > \$50,000

12. Has insurance been refused in the past 5 years?

Yes ☐ No ☐

If 'Yes', please provide details

13. Attach a schedule of vehicles to be insured including market values, location and details of vehicles subject to leasing arrangements.

## 2 Description of Business and Operations

1. Detail business activities

2. How long in business?

3. Main base of operation

4. Other depots

5. Does the proposer hold any current accreditation / affiliation?

Yes ☐ No ☐

If 'Yes', please provide details of such accreditation / affiliation and date accredited / affiliated

## 2 Description of Business and Operations (continued)

6. Indicate nature of goods carried and the respective percentages

General (Non hazardous)	%	Refrigerated Goods	%
Hanging Meat	%	Livestock	%
Logs / Harvested Timber	%	Hazardous Goods	%
Vehicles including machinery	%		
Other (please specify)			

7. Provide details of any dangerous or hazardous goods carried

8. Detail operating radius and the respective percentage(s)

Radius % of Operations

☐ Up to 250kms %

☐ Over 250kms to 600kms %

☐ Over 600kms to 1000kms %

☐ Over 1000kms %

9. Main destinations/cities vehicles travel to / from

10. What percentage of your work involves express, time sensitive and / or overnight freight? %

11. Do you operate articulated tipping trailers?

Yes ☐ No ☐

If 'Yes', how many do you operate?

12. Are B-Double units used?

Yes ☐ No ☐

If 'Yes', please advise

(a) What would be the highest B Double combination value? Detail which items in the schedule with full description and value?

(b) What would be the average B-Double combination value?

(c) How many B-Double combinations are in operation?

13. Are any Road Trains / B-Triples Used? (Note: Road Train is defined as having more than 2 goods carrying trailers)

Yes ☐ No ☐

If 'Yes', please advise:

(a) How many Road Train / B-Triple combinations are in operation?

(b) Details of Road Train / B-Triple operations including location?

(c) What would be the highest Road Train / B-Triple combination value? Detail which items in the schedule? (ie. full description and values of each vehicle in the combination including dolly's)

(d) What would be the average Road Train / B-Triple combination value? \$

14. Nominate major current contracts

15. Has there been change in the company's operations (eg change of contracts, acquisitions, significant Health & Safety enhancements, types of goods carried, method of cartage) during the past 12 months?

Yes ☐ No ☐

If 'Yes', please provide details

## 2 Description of Business and Operations (continued)

16. Are any vehicles governed / speed limited?

Yes ☐ No ☐

If 'Yes', please provide details

17. Are any units fitted with a GPS tracking device or downloadable Engine Management Systems (EMS)?

Yes ☐ No ☐

If 'Yes', please provide details

18. How many drivers (of all employment types) do you currently have working?

19. What percentage of these are:

Sub Contractors / Agency Drivers?

%

Casual?

%

Tow Operators?

%

Permanent?

%

20. Are your drivers involved in loading / unloading?

Yes ☐ No ☐

If 'Yes', please provide details

21. Is there a 'Non Owned Trailer' Liability exposure?

Yes ☐ No ☐

If 'Yes', is cover required?

Yes ☐ No ☐

If 'Yes', please provide details and limit of cover required

22. Do you have an in-house maintenance team?

Yes ☐ No ☐

If 'Yes', please provide details

If 'No', please provide details of who undertakes maintenance work

Original Equipment Manufacturer  
(OEM) or agent

Yes ☐ No ☐

Yes ☐ No ☐

23. Do you have any workshop defect items currently open?

Yes ☐ No ☐

If 'Yes', what date was the oldest one raised?      /      /

24. Are your vehicles fitted with Original Equipment Manufacturer (OEM) manufactured/supplied parts and/or tyres?

Yes ☐ No ☐

If 'No', please advise if OEM approved or OEM alternatives are utilised

25. Are your vehicles fitted with pressure and temperature sensors?

Yes ☐ No ☐

26. Have you been issued with any roads authority vehicle defect infringement notices in the last 2 years?

Yes ☐ No ☐

If 'Yes', please provide details

### 3 Driver

1. Does your company have a formal driver manual outlining company policy and procedure? Yes ☐ No ☐
2. Are there any drivers under 25 years old or without two years practical experience? Yes ☐ No ☐  
If 'Yes', please provide details
3. What was the driver turnover during the last 12 months? %
4. What is the average length of service of your drivers with the company?
5. Are your drivers required to complete a pre-employment questionnaire? Yes ☐ No ☐
6. How frequently do you conduct medical examinations for your drivers?  
☐ Annually ☐ Every 2 years ☐ 3 to 5 years ☐ Dependent upon driver age ☐ Never  
If dependent upon driver age, provide details
7. Does the medical include:  
Diagnosis for sleeping disorders? Yes ☐ No ☐  
Eyesight and hearing tests? Yes ☐ No ☐  
Flexibility tests? Yes ☐ No ☐  
If 'Yes', please provide details
8. Describe criteria for driver selection
9. Describe driver training program, if any
10. What driver performance review system (eg. KPI's) do you have in place?
11. What percentage of time do drivers drive continuously between 11.00pm and 6.00am? %
12. When nightwork exceeds two consecutive periods, what provisions are made for a driver to recover from any potential loss of sleep?
13. Do you have effective fatigue monitoring systems? Yes ☐ No ☐
14. What fatigue management initiatives do you have in place?
15. Are all drivers educated in the benefits of a healthy diet and lifestyle? Yes ☐ No ☐

### 3 Driver (continued)

16. Do you have a drug / alcohol testing program?

Yes ☐ No ☐

If 'Yes', please provide details

17. Any additional information

### 4 Security

1. Are vehicles garaged at one place?

Yes ☐ No ☐

2. What is the maximum value of all vehicles at any one location? \$

3. Where is that location?

4. Are vehicles garaged in

(a) Unsecured open area?

Yes ☐ No ☐

(b) Secured locked compound?

Yes ☐ No ☐

(c) Enclosed covered area?

Yes ☐ No ☐

5. Does security lighting exist?

Yes ☐ No ☐

6. Do security guards patrol depot?

Yes ☐ No ☐

7. Are keys left with vehicles?

Yes ☐ No ☐

8. Other additional information

### 5 Declaration

In accordance with my / our duty of disclosure, I / We declare that the whole of these answers in the Questionnaire are true, that I / We have withheld no information whatsoever that might tend in any way to increase Zurich's risk, or to influence its decision regarding this information; and that I / We have not proposed for insurance in excess of the actual value of the motor vehicles described, and I / We undertake to exercise care, and reasonable precautions for the safety of the said motor vehicles. I / We agree that this Questionnaire and Declaration shall be the basis of the contract between me / us and Zurich.

I / We further agree that if this Questionnaire, in any part is filled in by any other person, such person shall be deemed my / our agent(s) and not the agent of the Company.

Signature

X

Date

/ /