



## **FLEET HEAVY MOTOR APPLICATION FORM**

**TT Club Mutual Insurance Ltd**, ARBN 129 394 618, (the Club) is the insurer. The Club is the leading provider of insurance and risk management services to the international transport and logistics industry. Established in 1968 as a mutual association, the Club specialises in the insurance of liabilities and equipment for multi-modal operators. The TT Club has offices in 22 locations around the world with over 1000 members in 150 countries and insures 4000 transport and logistics operations.

In Australia, the Club is authorised to carry on insurance business by the Australian Prudential and Regulatory Authority under the *Insurance Act 1973* (Cth).

The Club may be contacted at its Australian branch office at Level 10, 117 York Street, Sydney, NSW 2000, telephone (02) 8262 5000 or by email [sydney@ttclub.com](mailto:sydney@ttclub.com).

**JUA Underwriting Agency Pty Ltd**, ABN 70 004 566 465, (JUA) has been providing unique insurance products to the Australian market for more than twenty years. In respect of TruckingSolutions, JUA acts under a binder issued to them by the Club. In so doing, JUA is acting as agent for the Club and has authority to collect premiums, issue documentation, and pay claims on behalf of the Club. JUA is regulated by the Australian Securities and Investments Commission under the *Corporations Act 2001* and holds an Australian Financial Services License (AFSL 235411).

JUA may be contacted through its Head Office at Level 1, 210 George Street, Sydney, NSW 2000, telephone (02) 8272 4800.



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## FLEET HEAVY MOTOR APPLICATION FORM

**Insured**

**Period of Insurance** From: \_\_\_\_\_ To: \_\_\_\_\_

**Holding Underwriter** \_\_\_\_\_

How long have they held the risk? \_\_\_\_\_

If less the 5 years who were the previous insurers? \_\_\_\_\_

**Holding Broker** \_\_\_\_\_

How long have they held the risk? \_\_\_\_\_

If less the 5 years who were the previous brokers? \_\_\_\_\_

**Basis of Rating or Premium Terms (expiring year)**

Conventional  Burning Cost

C.E.D.  Aggregate Deductible

Deductible Required:	Option 1	Option 2
<i>Aggregate Annual Deductible:</i>	\$ _____	\$ _____
<i>Standard Deductibles (each and every claim):</i>	_____ % of sum insured	_____ % of sum insured
	minimum \$ _____	minimum \$ _____

**Section 2**      **Third Party Liability**      \$ \_\_\_\_\_ (Automatic limit \$30,000,000)

**Hazardous Goods Liability**      \$ \_\_\_\_\_ (Automatic limit \$1,000,000)

Has Insurance been refused in the past five years?      Yes  No

If Yes, please provide details

Please attach a schedule of vehicles to be insured including current market value and details of vehicles subject to leasing arrangements and carriage of dangerous/hazardous goods.

Fleet & accident history for the past 5 years					
Period of Insurance	No. of Vehicles	Total Fleet Value	Deductible	No. of Claims	Total Cost of Claims
Current Year					
Last Year					
2 years previous					
3 years previous					
4 years previous					

Please attach a separate piece of paper if the space above is insufficient.

**Individual claims to be confirmed in writing on the insurer's letterhead**  
 For claims exceeding \$30,000, a separate detailed claims report to be provided

OPERATIONAL DETAILS	
How long have you been continuously in business?	Years
Previous trading names?	
Main base of operation?	
Does the company have a risk management programme?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, is it audited?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the company have or participate any industry accreditation:	
➤ Trucksafe accreditation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, will this be attained shortly?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____
➤ Road Transport Forum?	Yes <input type="checkbox"/> No <input type="checkbox"/>
➤ Other?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details	
_____	
Have there been any changes in operation during last five years? e.g. shift from interstate to intrastate, carriage of dangerous goods etc.	

<b>OPERATIONAL DETAILS (continued)</b>	
Are any units fitted with computer tracking devices etc?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details	
Does the company have facilities to perform:	
➤ Accident repairs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
➤ Service and maintenance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details	

<b>FLEET DETAILS</b>			
What is the maximum value of any one combined unit?		\$	
How many of this value are there?			
Are you required to provide cover for any non-owned trailers?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please advise the following			
➤ How many trailers at any one time	➤ Maximum value any one non-owned trailer \$		
Are there any B-Double, B-Triple or Road Train configurations?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please complete the following			
	<b>B-Double</b>	<b>B-Triple</b>	<b>Road-train</b>
➤ How many of each do you operate?			
<i>This Year</i>			
<i>Last Year</i>			
<i>2 years prior</i>			
➤ How long have you used these configurations?			
➤ What is your maximum radius of operation?			
➤ Do you only use drivers with in excess of 10 years experience in these configurations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If No, please provide details.</i>			

**GOODS CARRIED / OPERATIONAL RADIUS**

Goods Carried %		Radius of Operation %	
Freight/Commodities		Radius	
General (Non hazardous goods)	%	Up to 300km	%
Refrigerated goods (excluding hanging meat)	%	300km to 600km	%
Hanging meat (Refrigerated)	%	600km to 1000km	%
Livestock	%	Australia-wide	%
Packaged dangerous / hazardous goods	%		
Bulk dangerous / hazardous goods	%		
Vehicles (including heavy machinery)	%		
Shipping containers	%		
Other (please provide details)	%		

**Provide details of any hazardous goods carried**

Substance	Class	% of Operation
		%
		%
		%

**DRIVER DETAILS**

How many staff does the company employ (include principals, drivers, clerical staff, contractors and sub-contractors)

Full-time	Part-time	Casual	Contractors	Sub-contracted tow operators	Agency

Are tow-operators required to provide proof of non-owned trailer liability? Yes  No

If Yes, to what value \$

**SECURITY**

Are vehicles garaged at one place? Yes  No

What is the maximum value of all vehicles at the one location? (e.g. at Christmas lay-up period) \$

**DUTY OF DISCLOSURE**

What You Must Tell Us

When answering our questions, you must be honest and you have a duty under law to tell us everything known to you, and which a reasonable person in the circumstances, would include an answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

Who Needs To Tell Us

It is important that you understand that you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

If You Do Not Tell Us

If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel a policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the policy as never having existed.

**Declaration & Signature:**

1. The Duty of Disclosure set out above has been read by me/us.
2. All answers & statements made in this application are true and no information has been withheld which is likely to affect JUA's decision about accepting this insurance or the terms on which it has been quoted.
3. I acknowledge that JUA has the right to decline any application.

Applicant's signature: \_\_\_\_\_

Applicant's title: \_\_\_\_\_

Date: \_\_\_\_\_