



## **OWNER-DRIVER HEAVY MOTOR VEHICLE 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.



Locked Bag 11  
 Royal Exchange NSW 1225  
 Ph: (02) 8272 4800  
 Fax : (02) 9247 2411  
 Web: [jua.com.au](http://jua.com.au)  
 AFSL 235411  
 ABN 70 004 566 465

<b>COVER NOTE NO.</b>	<b>POLICY NO.</b>
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<b>OWNER-DRIVER HEAVY MOTOR VEHICLE INSURANCE APPLICATION FORM</b>
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<b>PERIOD OF INSURANCE</b>	From:	/	/	To:	/	/	at 4.00pm
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<b>APPLICANT'S DETAILS</b>	
Full Name of Insured:	_____
Contact Person:	_____
ABN Number:	_____
Are you Registered for GST:	<input type="checkbox"/> Yes <input type="checkbox"/> No    Input Tax Credit Entitlement: _____ %
Depot Address:	_____
	Suburb: _____ State: _____
	Postcode: _____
Postal Address (if different to above)	_____
	Suburb: _____ State: _____
	Postcode: _____
Contact Numbers:	Business : _____ Mobile: _____
	Fax : _____ Home: _____
Email Address:	_____

<b>BUSINESS DESCRIPTION</b>	_____
(Please describe fully the nature of all operations)	_____

<b>PREVIOUS HISTORY</b>	
Is this a new venture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please advise number of years in business:	_____
Have you held recent comprehensive motor insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please advise name of Insurer and number of years continuous insurance held:	_____
_____	_____

**VEHICLE DETAILS**

No	Year	Make	Model	Body Type	Registration Number	VIN	Engine Number	Carrying capacity in tonnes	Accessories	Sum Insured
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										

**OTHER INTERESTED PARTIES** (Please identify any vehicle subject to finance, hire purchase or similar arrangements)

Item	Finance Company	Address	Type of Finance	Loan Number

**MODIFICATIONS** (Please specify any modifications to above vehicles)

Item	Modification

**OPERATIONS**

Please indicate radius required:  0 – 150kms  151 – 300kms  301 – 600kms  Over 1000kms

Full description of freight carried:  
(Please note "general freight" is insufficient): \_\_\_\_\_  
\_\_\_\_\_

Do you carry hazardous goods?:  Yes  No If yes, sum insured required: \$ 1,000,000 (default)  
\$ \_\_\_\_\_

Type of goods: \_\_\_\_\_

Do you tow other peoples' trailers?:  Yes  No If yes, sum insured required: \$ \_\_\_\_\_

Type of trailers: \_\_\_\_\_

**DRIVING & CLAIMS HISTORY**

Have you or your intended driver ever:

- a) Been fined or convicted of a speeding or other traffic offence (other than parking) within the last 5 years?  Yes  No
- b) Had a driving licence endorsed, suspended or cancelled?  Yes  No
- c) Had an insurance policy declined or cancelled, or a renewal refused?  Yes  No
- d) Been convicted with either prescribed concentration of alcohol offence (PCA), or driving under the influence (DUI)?  Yes  No
- e) Had any accidents, fires or lodged a claim in connection with a motor vehicle within the last 5 years?  Yes  No
- f) Suffered from any physical or mental condition which could affect their driving performance? (e.g. epilepsy, diabetes, heart condition, faulty eyesight)  Yes  No
- g) Ever had actual or threatened insolvency or bankruptcy?  Yes  No
- h) Been convicted of any criminal offences?  Yes  No

If you have answered "Yes" to any of the above questions please provide full details below (including date, brief description, amounts etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION**

Is there any additional information you should tell us that may affect our decision to insure you?  Yes  No

If "yes" please provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **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: \_\_\_\_\_