

Motor Trades Liability Proposal Form

Please answer all questions in full. If there is insufficient space provided, please supply additional details as an attachment which will then form part of this proposal.

PERIOD OF INSURANCE: (Both at 4.00pm Local Standard Time)		From:	To:
LIMIT OF INDEMNITY	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$20,000,000 <input type="checkbox"/> OTHER
INSURED'S DETAILS			
Full Insured Name (Including all trading names and legal entities):			
ABN:			
Address:		State:	Postcode:
Business Description: (please select all relevant business descriptions).			
<input type="checkbox"/> Auto Dismantlers	<input type="checkbox"/> Diesel Mechanic		
<input type="checkbox"/> Auto Electrician	<input type="checkbox"/> Mechanic		
<input type="checkbox"/> Automotive parts importer, wholesaler and or retailers	<input type="checkbox"/> Motor Auction House		
<input type="checkbox"/> Boat Dealership	<input type="checkbox"/> Motorcycle Dealership - New & Used		
<input type="checkbox"/> Car/Auto Detailer	<input type="checkbox"/> Panel Beater		
<input type="checkbox"/> Car Dealership - New	<input type="checkbox"/> Tow Truck Operator		
<input type="checkbox"/> Car Dealership - Used	<input type="checkbox"/> Tyre Fitter/Retailer		
<input type="checkbox"/> Caravan Dealership - New & Used	<input type="checkbox"/> Other: _____		
Website:			
Date Insured commenced trading:			
Have You or any director/partner/manager of the business ever: If Yes to any of the above questions, please provide complete details on a separate piece of paper.	<input type="checkbox"/>	Had insurance declined or cancelled?	
	<input type="checkbox"/>	Had an insurer refuse or not invite renewal?	
	<input type="checkbox"/>	Had any special conditions imposed on a policy of insurance?	
	<input type="checkbox"/>	Had a special excess imposed on a policy of insurance?	
	<input type="checkbox"/>	Had a claim rejected under a policy of insurance?	
	<input type="checkbox"/>	Been declared bankrupt or put into receivership or liquidation?	
	<input type="checkbox"/>	Been charged with or convicted of a criminal offence?	
TURNOVER DETAILS			
Estimated Turnover (Next 12 months) \$		Actual Turnover (Current 12 months) \$	
EMPLOYEE DETAILS			
Number of Employees:	Full time:	Part time:	
Annual Payroll		\$	

CONTRACTORS / SUB CONTRACTORS / LABOUR HIRE DETAILS - Do you employ any of the following:

Contractors	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please advise activities: Estimated annual payments: \$
Sub Contractors	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please advise activities: Estimated annual payments: \$
Labour Hire Personnel	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please advise activities: Estimated annual payments: \$

If yes to any of the above, are they required to carry their own General & Products Liability and Workers Compensation Insurance? Yes No

OPERATIONAL DETAILS

Number of Trade Plates:

Does the Insured only allow fully-licensed drivers to test drive vehicles? Yes No

Is there a permanent residence on site? Yes No

What security measures are in place at the site, e.g. security fencing, CCTV, security patrols?

Does the Insured work on classic cars, high performance vehicles or racecars? Yes No
If yes, please list type of vehicles and turnover relating to this activity.

Does the Insured work on vehicles or equipment exceeding \$150,000 value? Yes No
If yes, please list the type of vehicles and turnover relating to this activity.

Does the Insured's work involve the repair or maintenance of Hydraulics? Yes No
If yes, please list type of vehicles and turnover relating to this activity.

Does the Insured work on Underground mining equipment? Yes No
If yes, please provide turnover relating to this activity.

Is there a spray booth on site? Yes No
If yes, does the booth meet Australian Standards and operate to Manufacturers specifications? Yes No

Does the Insured use vehicle lifts and hoists? Yes No
If yes, outline safety and maintenance procedures in place for vehicle lifts and hoists.

Property In Physical or Legal Control Limit \$250,000 \$500,000 \$1,000,000

Registration & Road Worthy Certification Limit \$1,000,000 \$5,000,000 \$10,000,000

PRODUCT DETAILS		
Do you IMPORT any of your products? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please advise the following:		
Product	Country Imported From	Turnover Derived
		\$
		\$
		\$
Does the Insured have full rights of recourse against the manufacturers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you Export any of your products? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please advise the following:		
Product	Country Imported From	Turnover Derived
		\$
		\$
		\$
Please provide full details of all quality control procedures relating to Imports/Exports.		
CONTRACTUAL LIABILITY		
Have you assumed liability under any contract by way of hold harmless clauses, indemnities, waiver of subrogations or rights of recourse against any third party? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please advise full details below and attach copies of all relevant contracts/agreements.		
INSURANCE HISTORY		
In the past 5 years, have you ever claimed on this class of insurance before? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please provide details or attach separate sheet if necessary).		

DECLARATION

By signing this application form You hereby declare that:

- You have received, read and understood the policy wording, in particular your duty of disclosure and what is excluded
- You agree to be bound by the terms and conditions
- The disclosed information is true and correct
- You have not withheld or suppressed any information concerning the details in this application
- If there is more than one insured and all have not signed this application, you are authorised to sign for and on their behalf.

You consent to the use and disclosure of your personal information for the purposes shown in the Privacy section of our Policy Wording and our Privacy Statement (available at www.shieldcover.com.au); and You confirm that if you have disclosed personal

information about any insured person or any other person you have made them or will make them aware that you have provided their personal information to us and the types of third parties we may provide it to, the relevant purposes we and third parties will use it for, and how the Insured Person or other person can access it.

Signature: _____

Please print name: _____

Date: ____ / ____ / ____