

Carriers Combined Cover

Cover required

Carriers cargo liability

Required limit any one occurrence

Carriers compensation

Required limit any one occurrence

Current insurer

Current policy expiry date (dd/mm/yyyy)

How long has the Current insurer held this account?

Current excess

Required excess

Gross Freight Earnings (GFE) derived from freight, including payments made to Sub-contractors.

Method of operation	Gross Freight Earnings	
	Metro (<200km)	Inter/Intrastate (>200km)
Acting as Principal carrier		
Acting as Sub-contractor		
Total		

Do you issue a consignment note? Yes No If **Yes**, please attach a legible copy showing both sides.

How do you bring your consignment note terms and conditions to the attention of your customer prior to commencement of transit?

Fax Yes No

Email Yes No

Point of goods collection (loading) Yes No

Other (please explain)

Do you use any special contracts of carriage (that differ from your standard conditions of carriage) with any of your customers?

Yes No

If **Yes**, please list below and attach copies of those contracts for which cover is required:

Do you use sub-contractors? Yes No

If **Yes**, do you require your sub-contractors to have insurance? Yes No

Goods carried	%	Limit any one conveyance
General goods*	%	\$
Refrigerated goods	%	\$
IMDG Classed goods	%	\$
Cars, boats, caravans	%	\$
Bulk goods	%	\$
Timber	%	\$
Household removals	%	\$
Livestock	%	\$
Electronic appliances	%	\$
Heavy machinery	%	\$
Whitegoods	%	\$
Perishable goods	%	\$
	%	\$
	%	\$
	%	\$
	%	\$
	%	\$
Total 100%	%	

* **Note:** If you have answered 'Yes' to General Goods, please provide details of the main types of goods carried

Carriers legal liability claims (past 5 years)

Date of loss	Cause of loss	Paid	Outstanding	Excess
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Total		\$	\$	\$

Carriers compensation claims (past 5 years)

Date of loss	Cause of loss	Paid	Outstanding	Excess
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Total		\$	\$	\$

Please provide further details of large or uninsured losses:

Date	Commodity damaged/lost	Amount
		\$
		\$
		\$
		\$
		\$

Has any insurer ever-

a) Declined your proposal for insurance

Yes No

b) Required increased premium, or restricted conditions on your Insurance Policy?

Yes No

c) Ever been declared bankrupt?

Yes No

d) If **Yes** to (c) please provide date of discharge

e) Have you ever been, or are there proceedings against you which may result in being charged with criminal offences?

Yes No

f) If **Yes** to (e) please provide dates of any criminal hearings and/or proceedings, expected or otherwise:

g) If a date has been entered in (f), please provide detail of the nature of the crime, or alleged criminal offences.

Privacy

Lumley Insurance respects your privacy and complies with the Privacy Act and the National Privacy Principles. A copy of our Privacy Policy is available at any of our offices or online at www.lumley.com.au

Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty at law to disclose to the insurer anything that you could reasonably be expected to know is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however, does not require disclosure of matter:

- that diminishes the risk to us;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of business, ought to know;
- as to which compliance of your duty is waived by the insurer.

If you fail to comply with your duty of disclosure the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Declaration for Carriers Combined Cover

I /We declare that answers provided herein are in every respect true and correct and that I/we have not withheld any information likely to affect the acceptance of this Proposal and that I/we have read and understood the Proposal and Policy Conditions. If insufficient space is available on this Proposal with respect to any questions contained, then please attach a sheet of paper containing the additional information, noting the relevant heading, ensuring to sign and date such attachment/s.

Proposed insured

Date (dd/mm/yyyy)