

MOTOR VEHICLE QUOTATION PROPOSAL FORM

THE PROPOSER				
Full Insured Name				
Trading Name(s)				
ABN		ACN		
Postal Address				
		State		Post code
Contact Name		Position		
Telephone No	()	Facsimile No		
Mobile No		Website		
E-mail Address				
Period of insurance	From / /	To / /	4pm local standard time	
Principal Business Activities				
Rental Locations				
How many years have you operated a Rental Vehicle Business?				
Number of Years operating other businesses?				
Total Number of Staff including part time and casual employees.				
Estimated annual turnover				\$

OWNERSHIP	
Are you the registered Owner(s) of the Vehicles? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If No, who is the registered owner?	

TYPE OF COVER

Section 1 & 2: Loss of or Damage to your vehicle caused by or arising from an accident or theft

Section 2: Third Party Property Damage Only (TPPD)

Required Excess	<input type="checkbox"/> \$1100	<input type="checkbox"/> \$2000	<input type="checkbox"/> \$5000	Other \$
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FINANCE

Name and Address of Financiers

Name				
Postal Address				
		State		Post code

TYPE OF FINANCE

<input type="checkbox"/> Hire Purchase	<input type="checkbox"/> Financial Lease	<input type="checkbox"/> Operating Lease	Other specify
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How many months are the vehicles financed?

<input type="checkbox"/> 12 months	<input type="checkbox"/> 24 months	<input type="checkbox"/> 36 months	Other specify
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FLEET INFORMATION

Total Fleet number to be insured		
Number of new vehicles	Average Value	\$

FLEET HISTORY

Average number of Vehicles last year	Comp #	TPPD #
Prior years average number of vehicles	Comp #	TPPD #
Two years prior average number of vehicles	Comp #	TPPD #

Have the vehicles been modified in anyway other than factory fitted options and accessories? ☐ YES ☐ NO

If YES, please specify	
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INSURANCE CLAIMS AND/OR LOSS HISTORY

FROM	TO	INSURER	NO OF CLAIMS	EXCESS
/ /	/ /		\$	\$
/ /	/ /		\$	\$
/ /	/ /		\$	\$

PLEASE PROVIDE THE INSURERS WRITTEN CLAIMS EXPERIENCE

CURRENT INSURANCE DETAILS

Current Insurer					
Broker Name					
Policy Number		Expiry Date	/	/	
Current Excesses	Comp	\$	TPPD	\$	

BUSINESS INFORMATION

What percentage of rentals are for cash?	%
Give details of internal checks performed prior to the approval of a cash renter.	

OR PLEASE ATTACH YOUR PROCEDURE

Are vehicles rented to persons under 25 years of age?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are vehicles rented to persons under 21 years of age?	<input type="checkbox"/> YES <input type="checkbox"/> NO - If YES, please attach details

By what means are vehicles immobilised outside normal business hours?		
<input type="checkbox"/> Mechanically	<input type="checkbox"/> Electronically	<input type="checkbox"/> Lockup Garage/Workshop
<input type="checkbox"/> Security Fencing	<input type="checkbox"/> None	<input type="checkbox"/> Other - Please describe
Do the premises have a monitored back to base alarm system? <input type="checkbox"/> YES <input type="checkbox"/> NO		
OR, do the premises have a local alarm system? <input type="checkbox"/> YES <input type="checkbox"/> NO - If YES, please provide details		
Where and how are the keys to the vehicle stored during office hours?		
Where and how are the keys to the vehicle stored outside office hours?		

FLEET DECLARATION

Please

- A. Provide a list of vehicles noting the Registration number, Year, Make and Model that you propose to insure using the Schedule of Vehicles, OR
- B. Provide your own typed list of vehicles noting the Registration number, Year, Make and Model that you propose to insure.

SCHEDULE OF VEHICLES

Sedans, Utes, People Movers and SUVs

ITEM	REGISTRATION NO	YEAR	MAKE	MODEL
1				
2				
3				
4				
5				

4WD

ITEM	REGISTRATION NO	YEAR	MAKE	MODEL
1				
2				
3				
4				
5				

Prestige

ITEM	REGISTRATION NO	YEAR	MAKE	MODEL
1				
2				
3				
4				
5				

Buses (Over 22 Seats)

ITEM	REGISTRATION NO	YEAR	MAKE	MODEL
1				
2				
3				
4				
5				

Light Commercials (under 2 Tonne)

ITEM	REGISTRATION NO	YEAR	MAKE	MODEL
1				
2				
3				
4				
5				

Trucks (2-5 Tonnes) GVM

ITEM	REGISTRATION NO	YEAR	MAKE	MODEL	MARKET VALUE
1					\$
2					\$
3					\$
4					\$
5					\$

Trucks (6-10 Tonnes) GVM

ITEM	REGISTRATION NO	YEAR	MAKE	MODEL	MARKET VALUE
1					\$
2					\$
3					\$
4					\$
5					\$

Trucks (10 -20 Tonnes) GVM

ITEM	REGISTRATION NO	YEAR	MAKE	MODEL	MARKET VALUE
1					\$
2					\$
3					\$
4					\$
5					\$

Other

ITEM	REGISTRATION NO	YEAR	MAKE	MODEL	MARKET VALUE
1					\$
2					\$
3					\$
4					\$
5					\$

VEHICLE TYPE GROUP	NUMBER OF VEHICLES	VALUE	
Sedans, Utes, People Movers and SUVs		Average Market Value	\$
4WD		Average Market Value	\$
Prestige		Total Market Value	\$
Buses 22 Seaters & Over		Total Market Value	\$
Light commercial under 2 Tonne		Total Market Value	\$
2-5 Tonne		Total Market Value	\$
6-10 Tonne		Total Market Value	\$
10 Tonne and over		Total Market Value	\$
Trailers		Total Market Value	\$
Other 1		Total Market Value	\$
Other 2		Total Market Value	\$
Box & Luggage Trailers		Total Market Value	\$

IMPORTANT NOTICE

Cooling Off

If you are not completely satisfied with Your Policy You May cancel it by notifying Us in writing within 30 days of cover having commenced. You will receive a refund of the amount You have paid unless something has occurred for which a claim may become payable under the Policy.

Confirming Transactions

You may contact Us or Your Adviser, in writing (which is always required if You are advising cancellation) or by phone, to confirm any transaction under Your Policy. Any Transaction will be documented by Us as quickly as possible.

Code of Practice

A self-regulatory Code of Practice exists for the general insurance industry, designed to raise overall standards. CGU Insurance has adopted the Code, details of which can be obtained from Your insurance broker or any CGU Insurance office.

Complaints

Internal and External Complaints Procedure
If You do not agree with any decision We make in relation to Your insurance, please write to Us stating what You disagree with and why. We will then either resolve or attempt to resolve Your complaint immediately or refer the matter to Our Internal Dispute Resolution Committee (IDRC).

If You are not satisfied with a claim decision by the IDRC, the matter may be referred to an independent alternative dispute resolution body, the Australian Financial Complaints Authority (AFCA) provided it falls within their jurisdiction.

PRIVACY

Car Rental Insurance respects your privacy and complies with the Privacy Act and the National Principles. A copy of our Privacy policy is available upon request or online at www.cgu.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 disclosure those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

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.

DECLARATIONS

I/We hereby declare that we have read the privacy statement above and consent to the collection of the above information by Car Rental Insurance and or CGU Insurance.

I/We hereby declare and warrant that I/We have read this proposal and that the answers above are in every way true and correct and that I/We have not withheld any material information. I/We also agree at the request of Car Rental Insurance or CGU Insurance to obtain from the relevant authority or Government department a complete and up to date record of offences.

I/We understand that no insurance for any vehicle is in force until such time this proposal is received and accepted by Car Rental Insurance. This document must be signed by an authorised agent and/or proponent.

Have you or any partner, principal or director ever had insurance declined, cancelled, renewal refused or special conditions imposed by an insurer? ☐ YES ☐ NO - If YES, please provide details.

Has any insurer required an increase in premium or imposed special conditions? ☐ YES ☐ NO - If YES, please provide details.

Signature of Proposer

Title / Company Position

Date: _____ / _____ / _____

Please return this proposal form to the offices of Car Rental Insurance (CRI) with your current Rental Agreement, including the terms and conditions.

Please also provide a Schedule of Vehicles and the Insurers claims history.

IMPORTANT NOTE

If insufficient space is available on this proposal with respect to any questions contained, then please attach a sheet of paper containing additional information, noting relevant section and ensuring to sign and date any such attachments.