

JIM'S GROUP COMMERCIAL MOTOR VEHICLE INSURANCE APPLICATION FORM

Name of Applicant(s)								
Trade Name								
Business Address				State			Post Code	
Postal Address				State			Post Code	
Business Phone	()	Mobile			Fax	()		
Occupation				ABN	/	/	/	Taxable GST %

PLEASE SPECIFY THE DATE YOU REQUIRE YOUR INSURANCE POLICY(S) TO COMMENCE:

_____ / _____ / _____ to **30/04/2011** at 4.00pm

VEHICLE DETAILS

Year of Manufacture			Make of Vehicle					
Model				Body Type	Sedan / Wagon / 4WD / Utility / Other _____			
Carrying Capacity	Tonnes / Kilos		Transmission	Automatic / Manual				
Fuel Type	Petrol / LPG / Petrol & LPG / Diesel / Other _____				Number of Cylinders			
Engine Capacity			Turbo Charged	Yes / No		Super Charged	Yes / No	
Vehicle Use	Private / Business		Occupation					
Vehicle Registered	Yes / No		Registration Number			Engine No		
Garaging Address				State			Post Code	
Where is the vehicle kept when not in use?	Locked Garage / Carport / Driveway / Street / Other _____							
Name of Registered Owner(s)								
What type of Security is featured on the vehicle?	Alarm / Immobiliser / Steering Lock / Other _____							
Any existing damage?	Yes / No		Detail existing damage					
What is the annual distance travelled?	Up to \$5,000 kms / 15,000 kms / 20,000 kms / more than 20,000 kms / Specific _____							

INSURANCE COVERAGE

Cover provided under this policy is Comprehensive and provides one excess free windscreen per policy period

Sum Insured Required (inclusive of the value for optional extras and accessories)

\$

Client's Estimated Value of the Vehicle

\$

If your vehicle has accessories or has been modified please complete provide details in the table below.

ACCESSORIES AND MODIFICATIONS

Accessory or Modification	Description	Dollar Value

If your vehicle is under finance please provide details in the table below.

FINANCE DETAILS

Type of Finance	No Finance / Lease / Hire Purchase / Other Secured Loan _____			
Finance Company				
Finance Company Address		State		Post Code

Please Note: We require the following information or cover will not be able to be placed on this vehicle until it is received.

EXISTING INSURANCE DETAILS

Is this a new vehicle?	Yes / No	Date of Purchase	/ /
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Is the vehicle currently insured?	Yes / No	Current or Previous Insurer	
Expiry Date	/ /	Policy Number	
Current No Claim Bonus or Rating			

Please provide details of the people who are going to drive the vehicle

DRIVER'S DETAILS

Name	Date of Birth	Australian Drivers Licence	Years Licensed	Percentage of Time Driving
	/ /	Yes / No		
	/ /	Yes / No		
	/ /	Yes / No		

DUTY OF DISCLOSURE

By law, you must answer all our questions honestly, telling us anything known to you and which a reasonable person in the circumstances would tell us. The insurer will use your answers to decide whether to insure you and anyone else to be covered, and on what terms.

It is important you understand that you are answering the questions on this application form in this way for yourself and anyone else you want to be covered under this policy.

If you do not answer all the questions in this way, the insurer may reduce or refuse a claim, or cancel the policy(s). If you answer fraudulently, the insurer may refuse a claim and treat the policy(s) as never having existed. If you do not understand your duty or do not understand the questions, please contact us on 1800 066 900 for assistance.

During the last 5 years have you or any known drivers had any:

1. Previous insurance declined or cancelled?	Yes / No
2. Renewal declined or refused?	Yes / No
3. Excess or Special Conditions Imposed?	Yes / No
4. A driver's licence or learner's permit cancelled, suspended, reduced to a lesser grade or had special conditions imposed?	Yes / No
5. Prior accidents or claims with another Insurer for motor insurance?	Yes / No
6. Motor vehicles stolen or burnt?	Yes / No
7. Driving offence, infringement, conviction or currently have one of these pending?	Yes / No
8. Any prior claims rejected?	Yes / No
9. Criminal convictions of any kind? (eg. fraud, theft, drugs, actual or threatened damage)?	Yes / No

INSURANCE HISTORY SPECIFICS

If the you answered "YES" to the questions listed under "Insurance History", please provide full details below:

Date	Driver	Details	Fine, Suspension Period, Claim Amount & Insurer
/ /			
/ /			
/ /			
/ /			

APPLICANT'S DECLARATION & SIGNATURE

I/we have read and understood my/our duty of disclosure and understand what may happen in the event of my/our non-disclosure. All answers and statements made by me/us in this application are true and accurate in every respect and no information has been withheld which is likely to affect the insurer's decision about accepting this insurance. I/we also acknowledge my/our insurance application may be declined and/or special conditions or increased premiums imposed. I/we also acknowledge the premiums shown in this application for may not apply to my/our business and are subject to change at any time. I/we acknowledge that this Application is subject to the acceptance by the Insurer.

Applicant 1:

Name: _____

Signature: _____

Date: ____/____/____

Applicant 2:

Name: _____

Signature: _____

Date: ____/____/____