



Mobile Plant and Equipment Quote Request

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Broker details:

Broker: Phone:

Broker contact: Email:

Insured details:

Name:

Web-link Address:

ABN: ITC Entitlement: %

Business activities

Situation of primary depot: Postcode:

Industries in which work is done

Geographical area of operation

Do you operate overseas NO
 YES, if yes, please list countries:

Years in business: Current Insurer: Policy Due Date:
Current Broker:

Annual Turnover: \$ Wages: \$ Number of Employees

Details of any Dangerous or Hazardous Goods handled by the Insured:

Use of Sub-contractors NO
 YES, if yes, approx annual payments \$

If yes, please advise type of work performed by Sub – Contractors : _____

If yes, please advise if they have their own Current Insurance Policies in place:

Public & Products Liability NO YES
 Workers Compensation Insurance NO YES
 Other NO YES If yes, please advise what type of policy
 this is: _____

Use of Labour Hire Personnel NO
 YES, if yes, approx annual payments \$

If yes, please advise type of work performed by Labour Hire Personnel : _____

If yes, please advise if checks are carried out to ensure the Labour Hire company carries Public & Products Liability: NO YES

Do you 'Dry Hire' any of your Machines to others (without Operator)?:

- NO
- YES % of total time, **please provide a copy of your hire agreement**

Do you 'Wet Hire' any of your Machines to others (with Operator)?:

- NO
- YES % of total time

Do you operate any third party equipment or Machines (not declared in the master schedule of machines) as part of your business?:

- NO
- YES, please provide details of this part of your business and nature of the machines which may be operated by you

Are any of the Machines used or expected to be used:

- Offshore or Underwater or in Tidal areas? NO YES
- Underground NO YES
- In Demolition NO YES
- In exploration of Oil, Natural Gas NO YES
- In association with any other hazardous occupation NO YES

If YES to any of the above, provide details:

ENDORSEMENT TO SECTION 1

4.2.1 HIRED IN MACHINES – BLANKET COVER FOR UNSPECIFIED

Is cover required YES NO

If Yes, please state Maximum Value of Plant to be insured

Cover for Machines that you intend to hire in during the period of Insurance.

General Description of Machines	Estimate Number of Machines	Estimated total annual hiring fees	Estimated market value of all hire in Machines at any one time	Estimated market value of the most valuable hire in Machine	Hiring Charges (Fees) under Contract of Hire	Length of Hire Period under Contract of Hire

4.2.2 CONTINUING HIRE CHARGES

Is cover required YES NO

If Yes, please note:

Excess 2 Weeks

Indemnity Period Weeks

Limit – I.P. x Weekly Hire Charges

4.2.3 FINANCE PAYMENT PROTECTION – is cover required YES NO

- Excess 14 Days
- Limit 12 months Repayment Costs
- List vehicles this extension applies to from Schedule of Machines and Attachments to be insured on page 2.
Item No. _____

SECTION 2 - INCREASED COSTS OF WORKING

Is cover required for this Section? (please tick one) YES NO

Limit Any One Loss (First Loss Cover)

Indemnity Period weeks, however excluding the first 14 continuous days of Interruption after Damage occurs.

Total revenue of the business from all insured Machines for the last 12 months, after deducting total costs of working:

Estimated total revenue of the business from all insured Machines for the proposed Period of Insurance last 12 months, after deducting total costs of working:

Estimated maximum time to obtain a replacement for a damaged Machine: _____

Could any of the Machines (or parts of any Machines) be difficult to replace if damaged during the proposed period of insurance.

- NO
- YES, if yes, please provide details

SECTION 6 – GENERAL LIABILITY

Is cover required for this Section? (please tick one) YES NO

Summary of Interest Insured Legal Liability of the Insured to third parties Property Damage and/or Injury and/or Advertising Injury happening during the Period of Insurance caused by an Occurrence in connection with the Business (including liability for unregistered Machines).

Sum Insured Excess* \$1,000 each claim
 \$10,000,000 \$2,500 each claim
 \$20,000,000 \$5,000 each claim
 \$30,000,000 \$10,000 each claim
 Other (specify) * all excesses are
\$ inclusive of legal costs &
_____ expenses

Including Additional Benefits: Vibration, Removal or Weakening of Support Sub-limit \$500,000
Property in your Care, Custody or Control (CCC) Sub-limit \$250,000
> please provide details of third party property in your CCC below:

OPTIONAL ENDORSEMENT

Do you require Hook Liability: YES NO (If “Yes” Please advise sub limit required below)

Hook Liability Sub-Limit \$

Claims History – All Sections (for the last 5 years)*:

Have you had any claims in the past 5 years: YES NO (If “Yes” please provide details below)

Date of claim	Class of Insurance	Brief Description	Excess Applicable	Gross Amount of Loss
			\$	\$
			\$	\$
			\$	\$
			\$	\$

* please attach copy of loss experience from current/previous Insurers

DUTY OF DISCLOSURE:

The *Insurance Contracts Act* requires an insured prior to entering into a contract of insurance to disclose to the insurer, material circumstance which are known to the insured, or which, in the ordinary course of business, ought to be known by the Insured which may affect the Insurer’s decision to accept the risk and on what terms.

Failure to make such a disclosure may result in the Insurer reducing their liability under this insurance for any subsequent claim, cancelling the insurance policy or avoiding the insurance policy from its inception.

This duty of disclosure does not require the disclosure of any matter:

- that diminishes the risk;
- that is of common knowledge;
- that the Insurer already knows or in the ordinary course of their business ought to know; or
- in respect to which compliance with the duty of disclosure is waived by the Insurer.

Is there any other matter you should advise us of in accordance with your duty of disclosure? If yes, comment in space provided below:

Insurance History:

Have you, your partners or directors, companies or businesses ever had:

- | | | |
|----|--|--|
| a) | insurance refused or application for insurance declined? | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| b) | special conditions imposed on your insurance? | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| c) | insurance cancelled? | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| d) | renewal of insurance not invited? | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| e) | an insurance claim rejected? | <input type="checkbox"/> NO <input type="checkbox"/> YES |

If you have answered YES to any of the above, please provide details:

DECLARATION

1. (I/We) declare that the answers above are true and correct and I/We have discharged my/our duty of disclosure.
2. (I/We) confirm that the Insured has not been charged with any fraud or dishonesty or other criminal offence, made bankrupt or placed in receivership, administration or liquidation.

DATE	_____	PROPOSER’S SIGNATURE	_____
TITLE	_____	NAME	_____