

COURIER CARE INSURANCE APPLICATION FORM

MOTOR VEHICLE	PERSONAL ACCIDENT	PUBLIC LIABILITY	MARINE TRANSIT
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APPLICANT'S DETAILS

NAME			
DATE OF BIRTH		AGE	
ADDRESS			
STATE		POSTCODE	
CONTACT NUMBER			
EMAIL ADDRESS			
BUSINESS NAME			
ABN			
ARE YOU REGISTERED FOR GST?	Y	N	

COURIER COMPANY			
TYPE OF RUN	SET RUN		AD HOC RUN
ARE YOU AN EXISTING CLIENT OF GSK INSURANCE?	Y	N	CLIENT CODE

COMMERCIAL MOTOR VEHICLE INSURANCE

PLEASE NOTE PACKAGED DANGEROUS GOODS LIABILITY IS COVERED UP TO \$1,000,000 BY DEFAULT UNDER THIS PACKAGE, HOWEVER, IF YOU NEED TO CARRY BULK DANGEROUS GOODS WHICH REQUIRES SPECIAL PERMIT OR PLACARDS, KINDLY ADVISE US AS THIS IS NOT COVERED UNDER THE POLICY AND NEEDS SPECIAL AUTHORISATION.

COMPREHENSIVE MOTOR VEHICLE INSURANCE	THIRD PARTY PROPERTY DAMAGE INSURANCE
YEAR, MAKE AND MODEL OF THE VEHICLE	
REGISTRATION NUMBER	
ENGINE NUMBER/ VIN	
ESTIMATED VALUE	
CARRYING CAPACITY	
NON- STANDARD ACCESSORIES	
INTERESTED PARTY	

NAME OF THE MAIN DRIVER			
DATE OF BIRTH		AGE	
ADDRESS			
STATE		POSTCODE	
CONTACT NUMBER			
HOW MANY YEARS' EXPERIENCE HAVE YOU HAD AS A COURIER DRIVER?			
HOW MANY YEARS HAVE YOU HELD AN AUSTRALIAN DRIVER'S LICENSE?			
HAVE YOU IN THE LAST 5 YEARS:			
BEEN CONVICTED OR FINED FOR ANY CRIMINAL OFFENCE?	Y	N	
BEEN INVOLVED IN ANY MOTOR VEHICLE ACCIDENTS OR CLAIMS?	Y	N	
BEEN REFUSED INSURANCE OR HAD A POLICY CANCELLED?	Y	N	
HAD A DRIVER'S LICENSE ENDORSED OR CANCELLED?	Y	N	
DO YOU HAVE ANY PHYSICAL OR INFIRMITY WHICH WOULD AFFECT THE DRIVING OF A MOTOR VEHICLE?	Y	N	
ANY OTHER INFORMATION WHICH MAY AFFECT THE INSURERS' DECISION TO ISSUE INSURANCE FOR YOU ON THIS VEHICLE?	Y	N	
IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE ALL RELEVANT DETAILS BELOW			

NAME OF THE SECONDARY DRIVER			
DATE OF BIRTH		AGE	
ADDRESS			
STATE		POSTCODE	
CONTACT NUMBER			
HOW MANY YEARS' EXPERIENCE HAVE YOU HAD AS A COURIER DRIVER?			
HOW MANY YEARS HAVE YOU HELD AN AUSTRALIAN DRIVER'S LICENSE?			
HAVE YOU IN THE LAST 5 YEARS:			
BEEN CONVICTED OR FINED FOR ANY CRIMINAL OFFENCE?	Y	N	
BEEN INVOLVED IN ANY MOTOR VEHICLE ACCIDENTS OR CLAIMS?	Y	N	
BEEN REFUSED INSURANCE OR HAD A POLICY CANCELLED?	Y	N	

HAD A DRIVER'S LICENSE ENDORSED OR CANCELLED?	Y	N
DO YOU HAVE ANY PHYSICAL OR INFIRMITY WHICH WOULD AFFECT THE DRIVING OF A MOTOR VEHICLE?	Y	N
ANY OTHER INFORMATION WHICH MAY AFFECT THE INSURERS' DECISION TO ISSUE INSURANCE FOR YOU ON THIS VEHICLE?	Y	N
IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE ALL RELEVANT DETAILS BELOW		

PERSONAL ACCIDENT AND SICKNESS INSURANCE					
INSURED NAME (this section must be completed)			DOB		
HEIGHT			WEIGHT		
	CAPITAL BENEFIT	\$50,000		CAPITAL BENEFIT	\$50,000
	WEEKLY ACCIDENT	\$500		WEEKLY ACCIDENT	\$500
	WEEKLY SICKNESS	\$500		WEEKLY SICKNESS	NO COVER
	CAPITAL BENEFIT	\$75,000		CAPITAL BENEFIT	\$75,000
	WEEKLY ACCIDENT	\$750		WEEKLY ACCIDENT	\$750
	WEEKLY SICKNESS	\$750		WEEKLY SICKNESS	NO COVER
	CAPITAL BENEFIT	\$100,000		CAPITAL BENEFIT	\$100,000
	WEEKLY ACCIDENT	\$1,000		WEEKLY ACCIDENT	\$1,000
	WEEKLY SICKNESS	\$1,000		WEEKLY SICKNESS	NO COVER
	CAPITAL BENEFIT	\$125,000		CAPITAL BENEFIT	\$125,000
	WEEKLY ACCIDENT	\$1,250		WEEKLY ACCIDENT	\$1,250
	WEEKLY SICKNESS	\$1,250		WEEKLY SICKNESS	NO COVER
	CAPITAL BENEFIT	\$150,000		CAPITAL BENEFIT	\$150,000
	WEEKLY ACCIDENT	\$1,500		WEEKLY ACCIDENT	\$1,500
	WEEKLY SICKNESS	\$1,500		WEEKLY SICKNESS	NO COVER

INSURANCE AND MEDICAL HISTORY		
DO YOU NOW HAVE OR ARE YOU APPLYING FOR ANY OTHER PERSONAL ACCIDENT AND/OR SICKNESS INSURANCE?	Y	N
HAVE YOU EVER HAD ANY ACCIDENT, SICKNESS OF LIFE PROPOSAL DECLINED OR COVER UNDER ANY POLICY RATED UP, CANCELLED, RENEWAL REFUSED OR ANY SPECIAL CONDITIONS IMPOSED THEREON?	Y	N
HAVE YOU EVER CLAIMED FOR AN ACCIDENT OR SICKNESS BENEFIT UNDER ANY INSURANCE BENEFIT?	Y	N
HAVE YOU HAD ANY MEDICAL, SURGICAL OR OTHER ADVICE IN THE LAST 5 YEARS?	Y	N

HAVE YOU BEEN TREATED, HOSPITAL CONFINED OR UNDERGONE ANY BLOOD TESTS IN THE LAST 5 YEARS?	Y	N
DO YOU TAKE PART IN HAZARDOUS PURSUITS OR ACTIVITIES; I.E.: DIVING, PILOTING, MOTOR SPORTS, HANG GLIDING ETC.?	Y	N
HAVE YOU EVER SUFFERED FROM ANY OF THE FOLLOWING: DIABETES, GOITRE, EPILEPSY, HEART DISEASE, CHEST PAINS, HIGH BLOOD PRESSURE, NERVOUS OR MENTAL DISORDER, RHEUMATIC FEVER, VARICOSE VEINS, HAEMORRHOIDS, TUBERCULOSIS, ASTHMA OR RESPIRATORY DISEASE, BACK OR MUSCULAR PAINS, RHEUMATISM, HERNIA, CANCER, TUMOUR OR GROWTH OF ANY KIND, SUDDEN WEIGHT LOSS, DISEASE OF THE EYE, EAR OR STOMACH?	Y	N
DO YOU PLAY SPORT FOR WHICH YOU RECEIVE ANY REMUNERATION?	Y	N
IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE ALL RELEVANT DETAILS BELOW		
<ul style="list-style-type: none"> • This policy does not cover any condition directly or indirectly consequent upon, attributed or accelerated by any pre-existing illness or injury for which you have received treatment , advice or taken prescribed medicines or drugs in the period before commence of cover. • Please note in the event of a claim, the insurer will only pay up to 85% of your net weekly earnings or the nominated amount on your policy schedule (whichever is lesser). • 14 days waiting period applicable to each claimable incident. 		

PUBLIC LIABILITY INSURANCE		
DO YOU WORK AS OWNER DRIVER?	Y	N
DO YOU HAVE ANY DRIVERS WORKING FOR YOU?	Y	N
DOES YOUR DRIVER WORK FOR YOU AS AN EMPLOYEE OR A SUBCONTRACTOR?		
HAVE YOU BEEN INVOLVED IN A CLAIM FOR PUBLIC LIABILITY IN THE LAST 5 YEARS?	Y	N
IF YOU ANSWERED YES TO THE ABOVE QUESTION, PLEASE PROVIDE ALL RELEVANT DETAILS BELOW		

MARINE TRANSIT INSURANCE		
HAVE YOU BEEN INVOLVED IN A CLAIM FOR MARINE TRANSIT IN THE LAST 5 YEARS?	Y	N
IF YOU ANSWERED YES TO THE ABOVE QUESTION, PLEASE PROVIDE ALL RELEVANT DETAILS BELOW		



DECLARATION

I hereby declare and warrant that the answers given are in every respect true and correct and that I have not withheld information within my knowledge likely to affect the decision of the company to my eligibility for insurance. I hereby agree that this proposal and declaration shall form the basis of the contract between the company's policy subject to the terms and conditions to be contained therein.

NOTE: I / We give consent to GSK Insurance Brokers to disclose details of my / our Insurance arrangements to the Courier Company I / we are contracted to.

SIGNATURE OF THE APPLICANT	
SIGNATURE OF THE DRIVER	
COMMENCEMENT DATE	

PLEASE NOTE THAT THERE IS NO COVER UNTIL WE HAVE CONFIRMED ACCEPTANCE OF COVER TO YOU IN WRITING.

DUTY OF DISCLOSURE

Eligible contracts (private motor, strata, home, contents, travel, personal accident/disablement)

If the insurer asks you questions that are relevant to their decision whether to insure you and on what terms, you are required to tell the insurer about anything you know and that a reasonable person in the circumstances would include in answering their questions.

At renewal the insurer may give you a copy of anything you previously told them and ask you to advise them if that information has changed. If they do this, you must tell them about any change or tell them if there is no change. If you don't tell the insurer about a change, the insurer assumes there is no change to this information.

This duty applies until the insurer agrees to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

All other contracts

Before you enter into an insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, that may affect their decision to insure you and on what terms.

You have this duty until they agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract. You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to tell them about.

If you do not tell the insurer something

If you don't tell the insurer something you are required to tell them, they may cancel your insurance contract or reduce the amount they will pay you if you make a claim, or both. If your failure to tell them is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

NOTICE OF INTENTION TO USE ELECTRONIC DELIVERY

So that we can save you time and paper and improve our services we will be providing your insurance documents electronically. We will deliver your insurance policies, Product Disclosure Statements and our Financial Services Guide and other disclosure documents by sending an email with PDF attachments or sending an email with a hyperlink to the email address you have provided to us.

If you do not wish for us to communicate with you in this way or at any stage you no longer wish to receive documentation from us electronically or you require a hard copy of any documentation, please contact us by phone on 1300 220 212 or email us at courier@gskinsurance.com.au.