

INSURANCE PROTECTION FOR CONTRACT COURIER DRIVERS

Insured Details

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| COURIER COMPANY | | | |
| INSURED NAME | | | |
| AGE | | DATE OF BIRTH | |
| ADDRESS | | | |
| POST CODE | | | |
| HOME TELEPHONE | | MOBILE NUMBER | |
| ARE YOU REGISTERED FOR GST | | ABN NUMBER | |
| E-MAIL ADDRESS | | | |

Motor Vehicle Application

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|---|--|---------------|---|
| VEHICLE YEAR, MAKE AND MODEL | | | |
| REGISTRATION NUMBER | | MARKET VALUE | |
| CARRYING CAPACITY | | ENGINE NUMBER | |
| NON-STANDARD ACCESSORIES <small>(include value of each accessory)</small> | | | |
| FINANCE COMPANY | | | |
| NAME OF MAIN DRIVER | | DATE OF BIRTH | |
| AGE | | MOBILE NUMBER | |
| ADDRESS | | | |
| POST CODE | | | |
| HOME TELEPHONE | | MOBILE NUMBER | |
| HOW MANY YEARS EXPERIENCE HAVE YOU HAD AS A COURIER DRIVER? | | | |
| HOW MANY YEARS HAVE YOU HELD AN AUSTRALIAN DRIVERS LICENCE? | | | |
| HAVE YOU IN THE PAST 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 LICENCE ENDORSED OR CANCELLED? | | Y | N |
| ANY PHYSICAL OR INFIRMITY WHICH WOULD AFFECT THE DRIVING OF A MOTOR VEHICLE? | | Y | N |
| ANY OTHER INFORMATION WHICH MAY AFFECT THE INSURER'S DECISION TO ISSUE INSURANCE FOR YOU ON THIS VEHICLE? | | Y | N |
| IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE ALL RELEVANT DETAILS BELOW. | | | |
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| ARE THERE ANY OTHER REGULAR DRIVERS WHO MAY DRIVE THIS VEHICLE ? | | Y | N |

INSURANCE PROTECTION FOR CONTRACT COURIER DRIVERS

Additional Driver Information

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|---|--|---------------|---|
| NAME OF ADDITIONAL DRIVER | | | |
| DATE OF BIRTH | | | |
| AGE | | | |
| ADDRESS | | | |
| POST CODE | | | |
| HOME TELEPHONE | | MOBILE NUMBER | |
| HOW MANY YEARS EXPERIENCE HAVE YOU HAD AS A COURIER DRIVER? | | | |
| HAVE YOU IN THE PAST 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 |
| BEEN CONVICTED OR FINED FOR ANY MOTORING OFFENCE? | | Y | N |
| HAD A DRIVER'S LICENCE ENDORSED OR CANCELLED? | | Y | N |
| ANY PHYSICAL OR INFIRMITY WHICH WOULD AFFECT THE DRIVING OF A MOTOR VEHICLE? | | Y | N |
| ANY OTHER INFORMATION WHICH MAY AFFECT THE INSURER'S DECISION TO ISSUE INSURANCE FOR YOU ON THIS VEHICLE? | | Y | N |
| IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE ALL RELEVANT DETAILS BELOW. | | | |
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Personal Accident & Sickness Application

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|---|-----------------|-----------|--|-----------------|-----------|
| PLEASE TICK THE AMOUNT OF COVER YOU REQUIRE: (NOTE: IF 70 YEARS OF AGE OR OLDER, SELECT AN OPTION FROM THE RIGHT COLUMN) | | | | | |
| | CAPITAL BENEFIT | \$50,000 | | CAPITAL BENEFIT | \$50,000 |
| | WEEKLY ACCIDENT | \$500 | | WEEKLY ACCIDENT | \$500 |
| | WEEKLY SICKNESS | \$500 | | WEEKLY SICKNESS | N/A |
| | CAPITAL BENEFIT | \$75,000 | | CAPITAL BENEFIT | \$75,000 |
| | WEEKLY ACCIDENT | \$750 | | WEEKLY ACCIDENT | \$750 |
| | WEEKLY SICKNESS | \$750 | | WEEKLY SICKNESS | N/A |
| | CAPITAL BENEFIT | \$100,000 | | CAPITAL BENEFIT | \$100,000 |
| | WEEKLY ACCIDENT | \$1000 | | WEEKLY ACCIDENT | \$1000 |
| | WEEKLY SICKNESS | \$1000 | | WEEKLY SICKNESS | N/A |
| | HEIGHT | WEIGHT | | | |

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Insurance and Medical History

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| 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 OR 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 EVER HAD MEDICAL, SURGICAL OR OTHER ADVICE IN THE LAST 5 YEARS? | Y | N |
| HAVE YOU EVER 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, IE 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 DETAILS BELOW. | | |
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| 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 COMMENCEMENT OF INSURANCE. | | |

Public Liability Application

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| LIMIT OF INDEMNITY = \$20,000,000 | | |
| HAVE YOU BEEN INVOLVED IN A CLAIM FOR PUBLIC LIABILITY IN THE LAST 5 YEARS? | Y | N |
| IF YES WAS ANSWERED, PLEASE PROVIDE FULL DETAILS OF CLAIM | | |
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Marine Transit Application

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| LIMIT OF ANY ONE CARRY = \$200,000 | | |
| HAVE YOU BEEN INVOLVED IN A CLAIM FOR MARINE TRANSIT IN THE LAST 5 YEARS? | Y | N |
| IF YES WAS ANSWERED, PLEASE PROVIDE FULL DETAILS OF CLAIM | | |
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Declaration

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|--|--|------|--|
| 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 AS TO MY ELIGIBILITY FOR INSURANCE. I HEREBY AGREE THAT THIS PROPOSAL AND DECLARATION SHALL BE 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 GRAHAM S KNIGHT & ASSOCIATES TO DISCLOSE DETAILS OF MY / OUR INSURANCE ARRANGEMENTS TO THE COURIER COMPANY I / WE ARE CONTRACTED TO. | | | |
| SIGNATURE OF APPLICANT | | DATE | |
| SIGNATURE OF DRIVER | | DATE | |
| REQUESTED COMMENCEMENT DATE: | | | |
| NO COVER ATTACHES UNTIL WE HAVE CONFIRMED ACCEPTANCE OF COVER TO YOU IN WRITING. | | | |
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