

COURIER CARE

INSURANCE PROTECTION FOR CONTRACT COURIER DRIVERS

This Courier Application has 4 insurance components. **A minimum of 3 out of the 4 must be taken.**

SECTIONS REQUIRED – please tick the three or four sections you have elected to take cover on

MOTOR VEHICLE
 PERSONAL ACCIDENT
 PUBLIC LIABILITY
 MARINE TRANSIT

INSURED DETAILS

COURIER COMPANY							
DO YOU DO A SET RUN OR DO YOU DELIVER AD-HOC?							
PTY LTD CONTRACT NAME (Is the courier contract in a Pty Ltd company name)?							
Are you an existing client of GSK?						CLIENT CODE	
INSURED NAME							
DATE OF BIRTH		AGE					
ADDRESS							
STATE		POSTCODE					
MOBILE NUMBER		HOME NUMBER					
ARE YOU REGISTERED FOR GST?		Y N		ABN NUMBER			
EMAIL ADDRESS							

1. MOTOR VEHICLE APPLICATION (only complete if you require Motor Vehicle Insurance)

VEHICLE YEAR, MAKE AND MODEL							
REGISTRATION NUMBER		ENGINE NO					
MARKET VALUE		CARRYING CAPACITY					
NON STANDARD ACCESSORIES <i>Include value of each accessory</i>							
FINANCE COMPANY							
NAME OF MAIN DRIVER							
DATE OF BIRTH		AGE					
ADDRESS		POSTCODE					
MOBILE NUMBER		HOME NUMBER					
HOW MANY YEARS EXPERIENCE HAVE YOU HAD AS A COURIER DRIVER?							
HOW MANY YEARS HAVE YOU HELD AN AUSTRALIAN DRIVERS 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							

ADDITIONAL DRIVER INFORMATION (complete if there is more than 1 driver who drives the vehicle)			
NAME OF ADDITIONAL DRIVER			
DATE OF BIRTH		AGE	
ADDRESS			
STATE		POSTCODE	
MOBILE NUMBER		HOME NUMBER	
HOW MANY YEARS EXPERIENCE HAVE YOU HAD AS A COURIER DRIVER?			
HOW MANY YEARS HAVE YOU HELD AN AUSTRALIAN DRIVERS 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			

2. PERSONAL ACCIDENT AND SICKNESS COVER (please tick the cover you require)						
Accident cover is available up to 75 years of age, Sickness cover is only available up to 70 years of age						
Any claims paid for accident or sickness will be paid based on 85% of your weekly earnings up to a maximum of the sum insured nominated						
INSURED NAME (this section must be completed)					DOB	
HEIGHT			WEIGHT			
<input type="checkbox"/>	CAPITAL BENEFIT	\$50,000	<input type="checkbox"/>	CAPITAL BENEFIT	\$50,000	
	WEEKLY ACCIDENT	\$500		WEEKLY ACCIDENT	\$500	
	WEEKLY SICKNESS	\$500		WEEKLY SICKNESS	NO COVER	
<input type="checkbox"/>	CAPITAL BENEFIT	\$75,000	<input type="checkbox"/>	CAPITAL BENEFIT	\$75,000	
	WEEKLY ACCIDENT	\$750		WEEKLY ACCIDENT	\$750	
	WEEKLY SICKNESS	\$750		WEEKLY SICKNESS	NO COVER	
<input type="checkbox"/>	CAPITAL BENEFIT	\$100,000	<input type="checkbox"/>	CAPITAL BENEFIT	\$100,000	
	WEEKLY ACCIDENT	\$1,000		WEEKLY ACCIDENT	\$1,000	
	WEEKLY SICKNESS	\$1,000		WEEKLY SICKNESS	NO COVER	
<input type="checkbox"/>	CAPITAL BENEFIT	\$125,000	<input type="checkbox"/>	CAPITAL BENEFIT	\$125,000	
	WEEKLY ACCIDENT	\$1,250		WEEKLY ACCIDENT	\$1,250	
	WEEKLY SICKNESS	\$1,250		WEEKLY SICKNESS	NO COVER	
<input type="checkbox"/>	CAPITAL BENEFIT	\$150,000	<input type="checkbox"/>	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		
<i>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 cover.</i>		

3. PUBLIC LIABILITY APPLICATION		Included	
LIMIT OF INDEMNITY	\$20,000,000		
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			

4. MARINE TRANSIT APPLICATION		Included	
LIMIT ANY ONE CARRY	\$200,000		
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 APPLICANT		DATE	
SIGNATURE OF DRIVER		DATE	
REQUESTED COMMENCEMENT DATE			
PLEASE NOTE THAT THERE IS NO COVER UNTIL WE HAVE CONFIRMED ACCEPTANCE OF COVER TO YOU IN WRITING.			