

COURIER CARE INSURANCE APPLICATION FORM

MOTOR VEHICLE <input type="radio"/>	PERSONAL ACCIDENT <input type="radio"/>	PUBLIC LIABILITY <input type="radio"/>	MARINE TRANSIT <input type="radio"/>
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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 <input type="radio"/>	THIRD PARTY PROPERTY DAMAGE INSURANCE <input type="radio"/>
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			
<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		
<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.

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.



DIRECT DEBIT DETAILS FORM

I/We request you, Masefield Holdings Pty Ltd ATF The Graham Knight Unit Trust trading as GSK Insurance Brokers user ID 185286 to arrange funds to be debited from my/our account at the financial institution shown below according to the schedule specified below.

INSURED NAME			
BUSINESS NAME			
ADDRESS			
COURIER COMPANY			
PAYMENT OPTIONS	BANK ACCOUNT	CREDIT CARD	
NAME OF FINANCIAL INSTITUTION			
TYPE OF ACCOUNT	CHEQUE	SAVINGS	OTHER
NAME OF ACCOUNT HOLDER			
BSB NUMBER			
ACCOUNT NUMBER			
CREDIT CARD NUMBER			
EXPIRY DATE			
NAME ON CARD			
1 ST INSTALMENT	28/ /		
EACH SUBSEQUENT INSTALMENT WILL BE ON THE 28 TH OF THE MONTH			
SIGNATURE (BOTH SIGNATURES REQUIRED IF JOINT ACCOUNT)			
DATE			



CUSTOMER DDR SERVICE AGREEMENT

OUR COMMITMENT TO YOU - This document outlines our service commitment to you in respect of Direct Debit Request (DDR) arrangements made between you, the insured and GSK Insurance Brokers. It sets out your rights, our commitments to you and your responsibilities to us together with where you should go for assistance.

INITIAL TERMS OF AGREEMENT - In terms of the Direct Debit arrangements made between us and signed by you, we undertake to periodically (monthly) debit your nominated account for the agreed amount for Insurance provide for you for 'Courier' employment.

DRAWING ARRANGEMENTS - The first drawing under this Direct Debit arrangement will occur on a nominated day.

If any drawing falls due on a non-business day, it will be debited to your account on the next business day following the scheduled drawing date.

We will give you at least 14 days' notice in writing when changes to the initial terms of arrangements are made. This notice will state the new amount, frequency, next drawing date and any other changes to the original terms.

If you wish to discuss any changes to the original terms, please telephone our office on (08) 9478 1933.

YOUR RIGHTS

CHANGES TO THE ARRANGEMENT - If you want to make changes to the drawing arrangement, contact us by telephone at our office on (08) 9478 1933. These changes may include;

- deferring the drawing; or
- altering the schedule; or
- stopping an individual debit; or
- suspending the DDR; or
- cancelling the DDR completely

ENQUIRIES - Direct all enquiries to us, rather than to your financial institution, and these should be made at least five (5) working days prior to the next schedule drawing date.

All personal customer information held by us will be kept confidential except for the information required by the Insurance Underwriters who provide you with your cover.

DISPUTES - If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly with us by contacting our office on (08) 9478 1933.

If you do not receive a satisfactory response from us to your dispute, contact your financial institution who will respond to you with an answer to your claim:

- Within 7 business days (for claims lodged within 12 months after the disputed drawing) or
- within 30 business days (for claims lodged more than 12 months after the disputed drawing)

You will receive a refund of the drawing amount if we cannot substantiate the reason for the drawing.

Note: Your financial institute will ask you to contact us to resolve your disputed drawing prior to involving them.

YOUR COMMITMENT TO US

It is your responsibility to ensure that;

- your nominated account can accept direct debits (your financial institution can confirm this); and
- that on the drawing date there is sufficient cleared funds in the nominated account; and
- that you advise us if the nominated account is transferred or closed.

If your drawing is returned or dishonored by your financial institution, we will redraw the next day (for the next three days) until we get payment. If payment is not received within that time, your Courier Scheme Supervisor will contact you by phone or in writing via email.

PLEASE NOTE THAT YOUR COURIER COMPANY WILL BE NOTIFIED IMMEDIATELY SHOULD A DRAWING/PAYMENT NOT BE SUCCESSFUL ON THE NOMINATED DAY OF THE MONTH (28TH OF EACH CALENDAR MONTH UNLESS IT IS A WEEKEND AT WHICH POINT DRAWING WILL OCCUR ON THE NEXT BUSINESS DAY) AND THIS MAY RESULT IN YOU BEING UNABLE TO CONTINUE YOUR SCHEDULED WORK.