



Motor Trades Liability

Proposal Form



ShieldCover is a division of East West Insurance Brokers Pty Ltd. ABN 83 010 630 092 AFSL No. 230041

shieldcover.com.au

IMPORTANT NOTICES

Please read these notices carefully. If you have any questions, please contact us.

The Insurer's Agent

ShieldCover, a specialist division of East West Insurance Brokers Pty Ltd, (we, us) act under a binding authority given to us by the insurer/s to arrange, issue and administer policies. When acting under such authorities, we act on behalf of the insurer/s and not for you.

Your Duty of Disclosure

You have a Duty of Disclosure under law which requires that before a policy is entered into, renewed, varied, extended or reinstated, you must give us certain information we need to decide whether to insure you and anyone else under the policy, and on what terms.

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984.

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions. You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

Upon renewal of this policy, we may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must tell us about any change or tell us that there is no change.

If you do not tell us about a change to something you have previously told us, you will be taken to have told us that there is no change.

You have this duty until we agree to renew the contract.

If you do not tell us something

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

Cooling-off – in respect of retail contracts only

You are entitled to a minimum 14 day cooling-off period from the date cover commences during which you may return the policy and receive a premium refund (less amounts lawfully deducted). This is subject to legal requirements and terms and conditions of the policy. You should check your PDS/ Policy Wording and schedule/certificate of insurance when you receive it to be sure you have the cover you need.

Refunds and Our Remuneration

We reserve the right to retain any commission paid by the insurer or any fee paid by you in relation to any refund

premium applicable to any policy transaction, other than under Cooling-off as above.

Privacy

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators).

Your information may be given to an overseas insurer (like certain Underwriters at Lloyd's) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We also provide your information to the providers of our policy administration and broking systems that help us to provide our products and services to you.

These policy administration providers and broking systems may be supported and maintained by organisations in New Zealand, the Philippines and Vietnam and your information may be disclosed to those organisations. Please note that the Privacy Act and Australian Privacy Principles may not apply to these organisations.

We will try to tell you where those companies are located at the time of advising you. We do not trade, rent or sell your information.

If you do not provide us with full information, we cannot properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy by phone (07) 3510 9535, email privacy@shieldcover.com.au or visit our website www.shieldcover.com.au

Your satisfaction

If you have any complaints about how we handle your personal information or about our service or advice, please let us know. We have internal dispute resolution procedures in place.

As agent to insurer/s, any complaint about policies and associated service may also be handled under the relevant insurer's internal dispute resolution procedures, and the external dispute facility for insurers and consumers, which is the Australian Financial Complaints Authority (AFCA).

Further details can be viewed in each Product Disclosure Statement and our Complaints and Disputes Policy, both located on our website www.shieldcover.com.au.

You can also call us or the insurer/s for a copy of the relevant Complaints Policy.

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Please answer all questions in full. If there is insufficient space provided, please supply additional details as an attachment which will then form part of this proposal.

PERIOD OF INSURANCE: (Both at 4.00pm Local Standard Time)		From:	To:
LIMIT OF INDEMNITY	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$20,000,000 <input type="checkbox"/> OTHER
INSURED'S DETAILS			
Full Insured Name (Including all trading names and legal entities):			
ABN:			
Address:		State:	Postcode:
Business Description: (please select all relevant business descriptions).			
<input type="checkbox"/> Auto Dismantlers	<input type="checkbox"/> Diesel Mechanic		
<input type="checkbox"/> Auto Electrician	<input type="checkbox"/> Mechanic		
<input type="checkbox"/> Automotive parts importer, wholesaler and or retailers	<input type="checkbox"/> Motor Auction House		
<input type="checkbox"/> Boat Dealership	<input type="checkbox"/> Motorcycle Dealership - New & Used		
<input type="checkbox"/> Car/Auto Detailer	<input type="checkbox"/> Panel Beater		
<input type="checkbox"/> Car Dealership - New	<input type="checkbox"/> Tow Truck Operator		
<input type="checkbox"/> Car Dealership - Used	<input type="checkbox"/> Tyre Fitter/Retailer		
<input type="checkbox"/> Caravan Dealership - New & Used	<input type="checkbox"/> Other: _____		
Website:			
Date Insured commenced trading:			
Have You or any director/partner/manager of the business ever: If Yes to any of the above questions, please provide complete details on a separate piece of paper.	<input type="checkbox"/>	Had insurance declined or cancelled?	
	<input type="checkbox"/>	Had an insurer refuse or not invite renewal?	
	<input type="checkbox"/>	Had any special conditions imposed on a policy of insurance?	
	<input type="checkbox"/>	Had a special excess imposed on a policy of insurance?	
	<input type="checkbox"/>	Had a claim rejected under a policy of insurance?	
	<input type="checkbox"/>	Been declared bankrupt or put into receivership or liquidation?	
	<input type="checkbox"/>	Been charged with or convicted of a criminal offence?	
TURNOVER DETAILS			
Estimated Turnover (Next 12 months) \$		Actual Turnover (Current 12 months) \$	
EMPLOYEE DETAILS			
Number of Employees:	Full time:	Part time:	
Annual Payroll		\$	

CONTRACTORS / SUB CONTRACTORS / LABOUR HIRE DETAILS - Do you employ any of the following:	
Contractors <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please advise activities: Estimated annual payments: \$
Sub Contractors <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please advise activities: Estimated annual payments: \$
Labour Hire Personnel <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please advise activities: Estimated annual payments: \$
If yes to any of the above, are they required to carry their own General & Products Liability and Workers Compensation Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
OPERATIONAL DETAILS	
Number of Trade Plates:	
Does the Insured only allow fully-licensed drivers to test drive vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a permanent residence on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What security measures are in place at the site, e.g. security fencing, CCTV, security patrols?	
Does the Insured work on classic cars, high performance vehicles or racecars? If yes, please list type of vehicles and turnover relating to this activity.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Insured work on vehicles or equipment exceeding \$150,000 value? If yes, please list the type of vehicles and turnover relating to this activity.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Insured's work involve the repair or maintenance of Hydraulics? If yes, please list type of vehicles and turnover relating to this activity.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Insured work on Underground mining equipment? If yes, please provide turnover relating to this activity.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a spray booth on site? If yes, does the booth meet Australian Standards and operate to Manufacturers specifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Insured use vehicle lifts and hoists? If yes, outline safety and maintenance procedures in place for vehicle lifts and hoists.	
Property In Physical or Legal Control Limit	<input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000
Registration & Road Worthy Certification Limit	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> \$10,000,000

PRODUCT DETAILS		
Do you IMPORT any of your products? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please advise the following:		
Product	Country Imported From	Turnover Derived
		\$
		\$
		\$
Does the Insured have full rights of recourse against the manufacturers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you Export any of your products? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please advise the following:		
Product	Country Imported From	Turnover Derived
		\$
		\$
		\$
Please provide full details of all quality control procedures relating to Imports/Exports.		
CONTRACTUAL LIABILITY		
Have you assumed liability under any contract by way of hold harmless clauses, indemnities, waiver of subrogations or rights of recourse against any third party? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please advise full details below and attach copies of all relevant contracts/agreements.		
INSURANCE HISTORY		
In the past 5 years, have you ever claimed on this class of insurance before? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please provide details or attach separate sheet if necessary).		

DECLARATION

By signing this application form You hereby declare that:

- You have received, read and understood the policy wording, in particular your duty of disclosure and what is excluded
- You agree to be bound by the terms and conditions
- The disclosed information is true and correct
- You have not withheld or suppressed any information concerning the details in this application
- If there is more than one insured and all have not signed this application, you are authorised to sign for and on their behalf.

You consent to the use and disclosure of your personal information for the purposes shown in the Privacy section of our Policy Wording and our Privacy Statement (available at www.shieldcover.com.au); and You confirm that if you have disclosed personal

information about any insured person or any other person you have made them or will make them aware that you have provided their personal information to us and the types of third parties we may provide it to, the relevant purposes we and third parties will use it for, and how the Insured Person or other person can access it.

Signature: _____

Please print name: _____

Date: ____ / ____ / ____

Ref: SC.MT.LLO.V.010221.

This Proposal Form was prepared on 01.02.2021.