



**tenfour transport insurance services**

a division of nationwide insurance brokers pty ltd  
abn 49 067 066 371    australian financial services licence no. 234535

13 / 6-8 old castle hill road, castle hill 2154    locked bag 12 castle hill 1765  
telephone – (02) 9634 6600    facsimile – (02) 9634 6610    email - ppearce@nationw.com.au

**AUSINSURE Plan Specifically Designed for TWU Contractors  
Motor Quote Form**

Insured Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Union Membership No. \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact Phone/Fax Nos: \_\_\_\_\_  
Period of Insurance: \_\_\_\_\_

**COVERS REQUIRED:**

Commercial Motor     Trailer in Control

**VEHICLE DESCRIPTIONS:**

Year	Make/Model/Type	Capacity	Rego	Annual Kms	Sum Insured

Is cover for "Trailer in Control" required:     Yes     No    If Yes, amount required: \$ \_\_\_\_\_  
If yes, please advise type of trailers and owner: \_\_\_\_\_

**RADIUS OF OPERATIONS:**

0-150kms     151-300kms     301-600kms     601-1000kms     Over 1000kms     Other \_\_\_\_\_

Base of Operations: \_\_\_\_\_  
Main Destinations: \_\_\_\_\_  
Weekly Work Patterns: \_\_\_\_\_

**DESCRIPTION OF FREIGHT:**

Full Description of Freight carried and percentages applicable: \_\_\_\_\_

**Main companies sub-contracted to:**

Is any work overnight express: \_\_\_\_\_  
Do you carry Hazardous Goods: \_\_\_\_\_  
If yes, please provide type and sum insured required: \_\_\_\_\_

**PREVIOUS HISTORY:**

Have you held recent comprehensive motor insurance?     Yes     No  
If yes, name of Insurer number of years continuous insurance held: \_\_\_\_\_  
If no, can driving history letters be supplied from previous employers:     Yes     No  
Current no claim bonus entitlement: \_\_\_\_\_  
Name of Previous Broker & years held: \_\_\_\_\_

**DRIVER DETAILS:**

Main Drivers Name & Date of Birth: \_\_\_\_\_  
Vehicle Class & Number of years held: \_\_\_\_\_  
Are there any under 25's drivers, if so details: \_\_\_\_\_  
Are casual drivers used, if so details: \_\_\_\_\_

Has anyone comprising the insured, present or intended driver, either alone or jointly with others during the past 5 years:

- 1. Had any licence endorsed, suspended or cancelled?  Yes  No
- 2. Been fined or convicted of a traffic offence?  Yes  No
- 3. Had any insurance declined, cancelled, refused, claims denied or conditions imposed?  Yes  No
- 4. Had any accidents, thefts, fire or claims lodged in relation to a motor vehicle?  Yes  No
- 5. Knowingly committed a criminal offence? (including unrecorded offences)  Yes  No
- 6. Has there been actual or threatened insolvency or bankruptcy or any recent current inability to meet all debts & liabilities as they fall due?  Yes  No

If "yes" to any of the above questions, please provide full details (insurer, amount, description etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return your quote request by fax to (02) 9634 6610 attention Phil Pearce  
Or mail to PO Box 149, Castle Hill NSW 1765.