

Ausure Insurance Brokers

Motor Insurance

New Business Proposal Form

- Please answer all questions. Blanks and/or dashes, or answers "known to underwriters or brokers" or "N/A" are not acceptable and will delay processing of this application.
- If there is insufficient room to complete a question, please attach a signed & dated addendum.
- Any documents attached to this document form part of this application.
- Where appropriate, please tick the yes or no box which best indicates your reply.

1. Your Details

1.1. Period of Insurance

Start Date Expiry Date Effective Date

1.2. Underwriting Acceptance Criteria

Have you been declined insurance in the past 12 months? Yes No

1.3. Insured

Insured Name

Does the insured have an existing policy with any of the selected insurers? Yes No

AIG Direct

Stamp Duty Exempt Yes No

Exemption No. (if answered Yes above)

1.4. General Details

Name of Holding Underwriter

1.5. Instalment Details

Would you like premiums for instalments as part of this quote? Yes No

If yes, complete the following section

Instalment Frequency

Preferred day of month for instalments to be deducted

1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	5	<input type="text"/>	6	<input type="text"/>	7	<input type="text"/>	8	<input type="text"/>	9	<input type="text"/>	10	<input type="text"/>	11	<input type="text"/>	12	<input type="text"/>
13	<input type="text"/>	14	<input type="text"/>	15	<input type="text"/>	16	<input type="text"/>	17	<input type="text"/>	18	<input type="text"/>	19	<input type="text"/>	20	<input type="text"/>	21	<input type="text"/>	22	<input type="text"/>	23	<input type="text"/>	24	<input type="text"/>
25	<input type="text"/>	26	<input type="text"/>	27	<input type="text"/>	28	<input type="text"/>																

2. Vehicle:

2.1. Acceptance Criteria

Is the vehicle either Yes No

- unregistered or have any existing damage (excluding minor scratches, wear and tear or hail damage) or
- used for
 - Driver Education
 - Racing or Sporting Events
 - Courier or Delivery Services
- Or used as a
 - Hire Car
 - Courtesy Car

- Taxi or
- Removalist vehicle?

2.2. Vehicle Details

Year	<input type="text"/>	Make	<input type="text"/>	Model	<input type="text"/>
Variant	<input type="text"/>			Series	<input type="text"/>
Body	<input type="text"/>	Transmission	<input type="text"/>	Cylinders	<input type="text"/>

2.3. Cover

Comprehensive Third Party Property Damage

If Comprehensive, please fill in the remainder of this section.

Vehicle sum insured (excluding non-standard accessories and modifications)

Market Value Agreed Value Agreed Value Amount

Do you wish to include any of the following cover options?

Hire car during repairs Yes No

Windscreen excess waiver Yes No

Does the vehicle have any non-standard accessories that will be included within the cover? Yes No

Please list non standard accessories to be insured

Sum Insured

	Sum Insured
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Does the vehicle have any modifications that will be included in the cover? Yes No

Please list modifications to be insured

Sum Insured

	Sum Insured
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

2.4. Excess Options

Select up to 3 excess options (Only one selection is permitted if you are covering more than one vehicle)

\$250	<input type="checkbox"/>	\$300	<input type="checkbox"/>	\$400	<input type="checkbox"/>	\$500	<input type="checkbox"/>	\$600	<input type="checkbox"/>	\$700	<input type="checkbox"/>
\$800	<input type="checkbox"/>	\$900	<input type="checkbox"/>	\$1,000	<input type="checkbox"/>	\$1,200	<input type="checkbox"/>	\$1,400	<input type="checkbox"/>	\$1,600	<input type="checkbox"/>
\$1,800	<input type="checkbox"/>	\$2,000	<input type="checkbox"/>	\$2,500	<input type="checkbox"/>	\$3,000	<input type="checkbox"/>	\$3,500	<input type="checkbox"/>	\$4,000	<input type="checkbox"/>
\$4,500	<input type="checkbox"/>	\$5,000	<input type="checkbox"/>	\$10,000	<input type="checkbox"/>						

2.5. Vehicle Specifics

Does the vehicle have any modifications that will be included in the cover?

Specialised Paint Yes No

Nitro / Hydrogen Fuel Yes No

Turbo / Supercharger Yes No

Roll Bar / Roll Cage / Racing Harness Yes No

Overnight parking address

Vehicle Use

Private On Road Professional/Salesperson Tradesperson

Registration

**If Comprehensive, please fill in the remainder of this section.
If the Vehicle financed please enter the financier's details**

Does the vehicle have any hail damage? Yes No

2.6. Other Underwriting Information

Do you wish to add any non-printable notes? Yes No

Do you wish to add any printable notes? Yes No

3. Drivers

Please list all drivers below, main driver first.

3.1. Driver 1

Driver #
First Name Surname
Date of Birth Male Female Year licence obtained
Number of criminal convictions in the past 3 years
Has there been any claims made and/or licence suspensions in the past 3 years Yes No

If Yes, please enter details of any claim or licence suspensions below

Incident #
Year
Type of claim/suspension Windscreen
 Natural Hazard (eg. fire, flood, hail)
 Any claim where no excess was payable
 At fault and excess was payable
 Any other claim where an excess was payable (theft etc.)
 License suspension, cancellation, disqualification or restriction

Incident #
Year
Type of claim/suspension Windscreen
 Natural Hazard (eg. fire, flood, hail)
 Any claim where no excess was payable
 At fault and excess was payable
 Any other claim where an excess was payable (theft etc.)
 License suspension, cancellation, disqualification or restriction

Incident #
Year

Type of claim/suspension

Windscreen	<input type="checkbox"/>
Natural Hazard (eg. fire, flood, hail)	<input type="checkbox"/>
Any claim where no excess was payable	<input type="checkbox"/>
At fault and excess was payable	<input type="checkbox"/>
Any other claim where an excess was payable (theft etc.)	<input type="checkbox"/>
License suspension, cancellation, disqualification or restriction	<input type="checkbox"/>

Vehicles Driven

#	Vehicle	Main Driver	Additional Driver
1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Notice

We draw your attention to the Important Notice accompanying this Application form. You must read the Important Notice carefully. If you do not understand the content of Important Notice, please contact us immediately.

If any of the statements in this Application form are untrue, and you have suppressed or mis-stated any facts and/or should any information given by you alter between the date of this Application form and the inception date of the insurance to which this Application form relates you must immediately notify us.

You authorise us to collect or disclose any personal information relating to this insurance to any insurer or insurance reference service. Where you have provided information about another individual (for example, a relative, employee or client), you have or you will make the individual aware of that fact and the section in the Policy on "The way we handle your personal information".

You agree that you have read and understood this notice by doing any of the following:

- (a) Signing and returning a copy of this form; or
- (b) Providing the information requested and returning the form to us; or
- (c) Providing us with instructions to place the policy.

Signature of Applicant(s)	<input type="text"/>	<input type="text"/>
Position held	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>