



HEAVY MOTOR VEHICLE FLEET INSURANCE RENEWAL DECLARATION

POLICY DETAILS

Name of Insured:

Policy Number:

ABN:

Stamp Duty status:

Location (If Changed):

Insurance Broker:

Period of insurance: / / / to / / /

BUSINESS DETAILS

Have You changed trading names during the period You have been in business? If so, what were Your last two (where applicable) trading names?

Are there any anticipated changes to Your business in the next 12 months?

Freight Task (up to 100%):

Are any Dangerous Goods carted (if so, please specify)?

Are these goods Placard or Non-Placard?

How much Dangerous Goods Cover do You require?

Is Trailer in control required (if so, what value)?

Are any risk management measures in place (e.g. dash cams, telematics etc.)?

Have any of Your drivers been convicted of driving under the influence of alcohol or drugs, dangerous driving or have had their license suspended in the last 12 months?

Are You aware of any circumstances or incidents which may give rise to a claim that have not yet been reported to HMIA? (if so, please specify)

IMPORTANT INFORMATION

YOUR DUTY OF DISCLOSURE

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

The Act imposes a different duty when You:

- enter into the Policy with Us for the first time;
- renew Your Policy; and
- You vary, extend or reinstate Your Policy

This duty applies until (as applicable) We first agree to insure You, or We agree to any variations, extensions, reinstatements or renewal.

Duty of disclosure when applying for this Policy

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.

Duty of disclosure on renewal of Your Policy

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. In addition, 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.

Duty of disclosure when varying, extending or reinstating Your Policy

If You have already entered into a Policy and You are proposing to vary, extend or reinstate the Policy, Your duty of disclosure changes. You have a duty to tell Us of anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms. If You are not sure whether something is relevant You should inform Us anyway.

If You do not tell Us something

If You do not tell Us anything You are required to, 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, We may refuse to pay a claim and treat the contract as if it never existed.

AGENT OF THE INSURER

In accordance with the requirements of the Corporations Act 2001, HMIA in arranging or effecting this insurance, or dealing with or settling claims will be acting under an authority given to it by the International Insurance Company of Hannover SE – Australian Branch. Accordingly, HMIA will be acting as an agent of the insurer and not an agent of You.

PRIVACY

Privacy legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information. HMIA has developed a Privacy Policy, which explains what sort of personal information We hold about You and what We do with that information. To obtain a copy of HMIA's or the Insurer's Privacy Policy, please contact Us or visit Our website.

COMPLAINTS & DISPUTES RESOLUTION

If You have any complaints about the products or services provided to You We have a complaints and internal dispute resolution process to try and resolve them as quickly as possible. Please contact us and tell Us about Your complaint. If You are not satisfied with the outcome of this process, We will provide You with information about the Australian Financial Complaints Authority (AFCA) including their contact information, when You lodge Your complaint with Us or at any time upon Your request.

CHANGE OF RISK OR CIRCUMSTANCES

It is vital that You provide Us with notification of any changes in Your risk portfolio or other circumstances occurring during the period of insurance, which may be relevant to the terms and conditions of this insurance including but not limited to changes in business activities and acquisitions.

DUTY OF UTMOST GOOD FAITH

Every insurance contract is subject to the duty of utmost good faith, which requires both the Insured and the Insurer to act towards each other in utmost good faith. Failure to do so on the part of the Insured may prejudice any claim made under the Policy or the continuation of insurance cover by the Insurer.

Declaration

I/we acknowledge and declare that:

1. I/we have received or have been offered a copy of the Combined Financial Services Guide and Product Disclosure Statement and Policy Wording;
2. I/we have read the information concerning the Duty of Disclosure and other Important Information;
3. I/we have been truthful and accurate in completing this form and declaration and have not withheld any information likely to affect the terms of the acceptance of this insurance by the Insurer;
4. I/we have completed this form personally or, if it has been completed on my/our behalf, have checked that the questions have been fully and accurately answered;
5. Upon acceptance the terms and conditions of this insurance will be in accordance with the Product Disclosure Statement, Policy Wording and Schedule;
6. I/we have read and understood the Privacy information and consent to the collection, storage use and disclosure of any personal information;
7. An occurrence during the Period of Insurance, which alters any of the information provided, will be promptly notified;
8. If I/we have not complied with the Duty of Disclosure and Duty of Utmost Good Faith, a claim made under the Policy may not be met or only met in part.

Signature: _____ Name: _____

Position: _____ Date: _____