

Caravan/Camper/RV Rentals Quote Form

Legal name to be insured

Please detail the legal name of each entity, natural person, partnership or incorporated body to be insured as well as any unincorporated business or trading names.

Insured Name	ABN

Business and Communication Addresses

Name of Contact Person:			
Postal Address			
Telephone:		Email Address:	
Facsimile:		Mobile Phone:	

General Questions & Information

How long have you been operating this business?	
What is your estimated turnover for the next 12 months?	
Is this Commercial Motor & Public Liability now proposed for insurance already insured? If "yes", please state the name of the insurer and expiry date	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you, your spouse or any director or partner in your business either alone or in conjunction with others ever had insurance declined or cancelled or had special terms imposed by an insurance company? If "yes", please provide full details	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you, your spouse or any director or partner in your business either alone or in conjunction with others sustained loss or damage, or has any other person / company made a claim on you, during the past five years? If "yes", please provide full details of any insurance claims made showing names of insurance companies and amounts of claims	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any other matters you wish to disclose in relation to this application for insurance? If "yes", please provide full details	Yes <input type="checkbox"/> No <input type="checkbox"/>

Public Liability Insurance Details for the Business

Is cover required	Yes <input type="checkbox"/> No <input type="checkbox"/>
Limit of Liability	Policy Limit
Public & Products Liability Limit of Indemnity	\$

General Property Insurance details for Equipment Hire

Is cover required	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sum Insured Limit (Limit per item is \$2,500)	\$10,000 \$15,000 \$20,000
Any Specified items over \$2,500	1.
	2.

Vehicle Hire Fleet Details

1. Cover Required:	Comprehensive <input type="checkbox"/>	Third Party Property Damage <input type="checkbox"/>
2. Security for Vehicles NOT on Hire:		
Lock up Garage <input type="checkbox"/>	Security Fence <input type="checkbox"/>	Chain Fence <input type="checkbox"/> Other <input type="checkbox"/>
If other please specify:		
3. What radius do you allow vehicles to travel from base:		
Australia Wide <input type="checkbox"/>	Other <input type="checkbox"/>	If other please specify:
4. How much do you collect as a rental Deposit/bond: \$		
Do you accept:	Credit Card <input type="checkbox"/>	Cash <input type="checkbox"/>
5. What is your minimum payment for damage/loss of use by hirer: \$		
6. Do you rent to:	Under 25 Yes <input type="checkbox"/> No <input type="checkbox"/>	Over 75 Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Do you have a hire agreement in place:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please provide a copy of hire agreement.		
8. List of Vehicles to be insured		
Vehicles	Sum Insured	
Vehicle 1:	\$	
Vehicle 2:	\$	
Vehicle 3:	\$	
Vehicle 4:	\$	
Vehicle 5:	\$	
Vehicle 6:	\$	
Vehicle 7:	\$	
Vehicle 8:	\$	
Vehicle 9:	\$	
Vehicle 10:	\$	
Vehicle 11:	\$	
Vehicle 12:	\$	
Vehicle 13:	\$	
Vehicle 14:	\$	
Vehicle 15:	\$	
9. Interested Parties:		

Declaration

I/We hereby declare that:

My/Our attention has been drawn to the Important Notices accompanying this Proposal (including any Addendum attached hereto) and further I/we have read these notices carefully and acknowledge my/our understanding of their content by my/our signature(s) below.

The statements contained within this Proposal (including any Addendum attached hereto) are true, and I/we have not suppressed or mis-stated any facts and should any information given by me/us alter between the date of this Proposal form and the inception date of the insurance to which this Proposal relates I/we shall give immediately notice thereof. This proposal form is for the exclusive use of Aus Insurance Services Pty Ltd (AIS) and the information contained herein cannot be relied upon by Insurers if this proposal form has been provided to them by any other person.

I/We also confirm that the undersigned is/are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Proposal form (including any Addendum attached hereto) and I/we complete this Proposal (including any Addendum attached hereto) form on their behalf.

I/we consent to AIS disclosing claims information to third parties from time to time for the purposes of training and development of risk management strategies on the understanding that such information will be de-identified so that my/our identity and any claim specific identifiable details will not be disclosed.

To be signed by the Chairman/President/Managing Partner/Managing Director/Principal of the association/partnership/company/practice/business.

Signature	Print Name	Position	Date

Notes: