



TIAIB PROPOSAL FORM

All questions in the proposal form MUST be answered

PROPOSED PERIOD OF INSURANCE			
Period of Insurance:			
To:			
From:			At 4.00pm local time.
INSURED'S DETAILS			
Operator's/Lessee name:			
Postal Address:			
State:		Postcode:	
Operator's/Lessee accreditation number:			
Is the vehicle subject to finance?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, please provide name address of financier?			
Do you own/operate five (5) or more Taxis?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please provide a detailed list.			
VEHICLE DETAILS			
Date this vehicle first became registered as a Taxi:			
Please tick to indicate type of vehicle:			
<input type="checkbox"/> Sedan / Wagon cab (No prestige vehicle)		<input type="checkbox"/> Prestige / Silver service cab	
<input type="checkbox"/> Maxivan (Wheelchair accessible) cab		<input type="checkbox"/> Flashcab (Wheelchair accessible)	
<input type="checkbox"/> Chauffeur Driven / Hire vehicle (HC Plated)		<input type="checkbox"/> Standby	
<input type="checkbox"/> Other (If other, please advise type of vehicles)			
Does the vehicle operate under a restricted plate?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, please provide details:			
Make:		Engine Size:	
Model:		Engine Size/Type:	
Year:		Transmission:	
Registration Number:			
If vehicle is a Taxi, detail name and location radio base to which Taxi is attached:			



COVER REQUIRED - SELECT COMPREHENSIVE COVER OR THIRD PARTY PROPERTY DAMAGE ONLY

Please tick the Cover required:	<input type="checkbox"/> COMPREHENSIVE COVER	<input type="checkbox"/> TPPD ONLY COVER
Vehicle Value:	\$	
Please advise what Excess is required:		
<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,500	
<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000	
<input type="checkbox"/> \$5,000	<input type="checkbox"/> Other	\$

OPTIONAL EXTENSIONS OF COVER

Do you require the Encumbered Vehicle (Residual Value) Extension?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you require the loss of use (Demurrage) Extension?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Note: The Taxi Value must represent the present value of a standard factory vehicle, including the value of any LP gas fittings, meter and external vacancy roof light (if fitted) but not including:

- non-factory standard accessories – which must be itemised under the accessories section below if cover is required for them.

Please list all accessories fitting to your vehicle that you want to cover that are not factory standard e.g. Mag wheels, CD player, sun roof, bull bars etc.

ADDITIONAL ACCESSORIES

ACCESSORY ITEM	VALUE
Security Screen	\$1,000
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL	\$

CLAIMS HISTORY/NO CLAIM BONUS

In the last five (5) years, have there been any claims made against previous insurers of this vehicle, or if replacing another vehicle, any claims in respect of the replaced vehicle?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please supply details (i.e. date of claims, circumstances and amount)		
Current No Claim Bonus:		
Current Insurer:	Policy Number:	



GENERAL QUESTIONS

Has any vehicle under this cover been issued a default notice?

YES

NO

Does your vehicle have any mechanical or any other problems that make it unsafe?

YES

NO

If YES, please supply details:

Has any insurance company cancelled, declined or refused to renew or imposed special terms or conditions on any policy held by you?

YES

NO

If YES, please supply details:

Does your vehicle have any rust, hail or other unrepaired damage?

YES

NO

If YES, please supply details:

Has any driver/operator been convicted of a crime or had any fines/penalties been imposed?

YES

NO

If YES, please supply details:

Is there any other matter where you have a Duty of Disclosure to report to us? (see Duty of Disclosure)

YES

NO

If YES, please supply details:



DECLARATION

I/We agree that you may release information on any claims made by me/us in the last 5 years and/or under this Policy (including without limitation, the name, age, licence number and driver authority number of the person driving the vehicle giving rise to any incident which gives rise to a claim under the Policy) to the Limousine Association and any other entity which is or may become involved in insuring chauffeur driven limousine vehicle/hire vehicles. I/we understand that the release of such information is necessary to enable you to properly assess risk under this Policy. I/we agree to draw this provision to the attention of every person driving this vehicle.

In accordance with my/our duty of disclosure, I/we declare that the whole of these answers in the Proposal are true and that I/we have withheld no information whatever that might tend in any way to increase your risk, or to influence your decision regarding this Proposal.

I/we agree that this Proposal and Declaration shall be the basis of the contract between me/us and you and I /we understand that this is not Compulsory Third Party (CTP) insurance.

I/we further agree that if this Proposal, in any part, is completed or signed by any other person, such person shall be deemed my/our agent(s) and not the agent of you.

LETTER OF AUTHORITY

I/We agree this engagement permits KEY Underwriting Pty Ltd ABN 11 146 607 838 to obtain any information deemed necessary from any insurer or insurance intermediary relevant to my insurance, including claims details and previous claims experience.

OWNER'S DETAILS

Position/Title:	
Name:	
Signature:	
Date:	

UPON COMPLETION PLEASE SEND THIS PROPOSAL FORM TO THE TIAIB TEAM AT:

Post: GPO Box 2743, Brisbane, QLD 4001
Email: taxis@marsh.com
www.marsh.com

FOR ANY FURTHER ASSISTANCE PLEASE CALL THE TIAIB TEAM ON 1800 333 041





DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty of disclosure under the *Insurance Contracts Act 1984* (Cth) to tell us anything that you know, or could reasonably be expected to know, may affect the insurer's decision to insure you and on what terms. You have this duty until the contract of insurance is entered into. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

If we ask you questions that are relevant to the insurer's 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. Also, 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 do not need to tell us anything that: reduces the risk insured, or is common knowledge, or the insurer knows or should know as an insurer; or the insurer waives your duty to tell them about.

If you do not tell us something:

If you do not tell us anything you are required to, the insurer may cancel your contract or reduce the amount it 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.

If you are in any doubt as to the extent of the duty of disclosure or whether a piece of information ought to be disclosed, just contact your Marsh Client Risk Adviser.

MARSH COLLECTION STATEMENT

In accordance with the *Privacy Act 1988* (Cth) (and subsequent amendments) ('the Privacy Act'), we, Marsh Pty Ltd and our Associated Entities (as that term is defined in the *Corporations Act 2001* (Cth)) ('Marsh') draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other Marsh products or services and administering payments to you. If you are proposing for or renewing insurance, the information is required pursuant to your duty of disclosure under the *Insurance Contracts Act 1984* (Cth), the *Marine Insurance Act 1909* (Cth) or at common law.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and Marsh's Associated Entities, which are all businesses of Marsh & McLennan group of companies ('MMC').
- Your personal information may be sent to our administrative processing centres in Mumbai (India) or Kuala Lumpur (Malaysia) and to other MMC companies, insurers, reinsurers and other third party service providers (e.g. data storage providers) in the United Kingdom, Singapore, Hong Kong, the United States of America and elsewhere.
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act, you must obtain it with the individual's consent.
- We will use and disclose your personal information in accordance with our Privacy Policy. By completing this form you confirm that you have read the Marsh Privacy Policy available on our website (www.marsh.com.au) and you authorise and consent to Marsh collecting, holding, using and disclosing any personal information collected by means of the enclosed document in accordance with the terms of the Marsh Privacy Policy, including for the purposes explained in this collection statement above. If there are any inconsistencies between the terms of this collection statement and the terms of the Marsh Privacy Policy, the terms of the Marsh Privacy Policy prevail to the extent of that inconsistency. You may modify or withdraw your consent at any time. If you do not give us consent or subsequently modify or withdraw your consent, we may not be able to provide you with the products or services you want.
- You can contact our Privacy Officer by:
Email – privacy.australia@marsh.com
Phone – (02) 8864 7688
Post – PO Box H176, Australia Square NSW 1215

The advice in this form is general advice only. To help you decide if the cover suits you, please read the Product Disclosure Statement. We can provide you with further information. Please contact us to request. This insurance is arranged by Marsh Advantage Insurance Pty Ltd (ABN 31 081 358 303, AFSL 238 369) ('MAI'). MAI are not the insurer.