



TruckSure

# Quotation Request and Proposal



TruckSure

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# TruckSure

## ASK FOR INFORMATION ABOUT:

- Truck and trailer insurance
- Full fleet cover
- Public Liability
- Carriers Liability
- Statutory liability / fines and penalties
- Employers liability
- Bailees liability
- Material damage / depot workshop and contents
- Warehousing
- Load insurance
- Trailer in control
- Lease payout protection
- Death and disablement
- Sickness cover
- Health insurance

## HARD TO PLACE OR HIGH RISK VEHICLE INSURANCE... TOO HARD? WE DON'T THINK SO!

### Ask about:

- Distressed fleets
- Refrigerated
- Livestock and hanging meat
- Tippers
- Spreaders
- Loggers
- Tankers and bulk haulers
- Hazardous goods
- Clean-up cover
- Down time



## 2 CLIENT INFORMATION

<b>Client</b>	<b>Contact Name</b>
<b>Phone</b>	<b>Fax</b>
<b>Current Insurer</b>	<b>Expiry Date</b>
<b>Business/occupation</b>	<b>Area of Operation</b>

## 3 COMMERCIAL MOTOR

**Details of items to be insured** – attach details or list below

<b>Vehicle</b> <i>(year, make, model &amp; body type)</i>	<b>Reg No</b>	<b>Carrying Capacity</b>	<b>Goods Carried</b>	<b>Max. Radius From Base</b>	<b>Sum Insured</b>

*Note: Sum Insured should include all accessories affixed to the Insured Vehicles, but should exclude GST and should be no less than Market Value.*

**Major contracts / Nature of goods** *(indicating approx % of revenue)*


**What % of freight is:**

Next day delivery	%	Time sensitive	%	Overnight express freight	%
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**Are any dangerous or hazardous goods carried, and, if so, what class and how often?**

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**Are any vehicles hired out?** YES / NO

**Are any vehicles operated more than 10 hours per day?** YES / NO

**Are any drivers under 25 years of age or been driving this class of vehicle for less than 2 years?** YES / NO

**Has any driver been convicted in the last 5 years of any of the following:**

a) Any offence involving suspension, cancellation or endorsement of a motor vehicle driving licence YES / NO

b) Any alcohol related offence, drug offence or criminal offence YES / NO

c) Any log book offences YES / NO

**Has any insurance been cancelled, renewal refused or special conditions imposed?** YES / NO

*If yes to any of the above questions, please supply details:*


**What driver education is provided?**

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*Please complete a driver questionnaire form for all regular drivers*

## 4 LIABILITY

	Limit Required
General Liability	\$
Bailees Liability	\$
Type of Goods stored	
Employers Liability	\$
Statutory Fines	\$
Full description of all business activities:	
Turnover	\$
No. of employees	

## 5 CARRIERS LIABILITY

Operation	
Specific area of operation in NZ	
% Local carriage (metropolitan/around town)	
% Line haul (same day return up to 250km from base)	
% Long haul (over 250km/overnight)	
100% Total	
At what terms do you carry goods	
% of income at Limited Carriers Risk (LCR)	
% of income at Owners Risk	
% of income at Declared Terms or Declared Value	
100% Total	
LCR limit of liability required per vehicle/location	\$
LCR gross freight revenues last 12 months	\$
LCR estimated gross freight revenues next 12 months	\$

Goods Carried					
Type	Percentage	Type	Percentage	Type	Percentage
Whitegoods	%	General Merchandise	%	Dangerous goods	%
Fragile goods	%	Frozen Foods	%	Timber	%
Household effects	%	Chilled Foods	%	Bulk goods	%
Livestock	%	Fruit/Vegies	%	Other	%

## 6 INCOME PROTECTION

Life Insured	Occupation	D.O.B	Height/Weight	Weekly Benefit Required
1.				
2.				
3.				
4.				
5.				

Any health problems the insurer should know about before quoting which could affect acceptance of cover:

*Note: Weekly Benefit should not be greater than 70% of gross weekly drawings/salary*

## 7 PROPERTY

Situation of Risk	
Construction	Age
Details of Fire Protection	
Details of Security	
Buildings – Replacement	\$
Plant & Equipment – Replacement	\$
Equipment / tools anywhere in NZ	\$
Stock, parts, customers goods	\$
Other	\$

## 8 CLAIMS HISTORY

Please detail all claims/losses over the last 5 years for ALL classes of insurance:

Year	Amount	Cause	Rollover	Excess Deducted
			Yes ~ No	\$
			Yes ~ No	\$
			Yes ~ No	\$
			Yes ~ No	\$
			Yes ~ No	\$
			Yes ~ No	\$
			Yes ~ No	\$
			Yes ~ No	\$
			Yes ~ No	\$
			Yes ~ No	\$

*Note: Please attach a claims printout from your current insurer*

## 9 DRIVERS QUESTIONNAIRE

Name of Insured					
Name of Driver					
Residential Address					
					Post Code
Date of Birth	Marital Status	License No	Expiry		
Class of License			Total Years Licensed		
Type of Vehicle to be Driven			Years Licensed to drive this type of vehicle		
Have you had any convictions in the last 5 years for:					
Alcohol	YES / NO	Drug Offences	YES / NO	Criminal Driving	YES / NO
Speeding or any other traffic offence ( <i>other than parking</i> )			YES / NO	Log Book Offence	YES / NO
Have you been involved in any accidents or lodged a motor vehicle claim in the last 5 years?					YES / NO
Have you ever had insurance declined, cancelled, renewal refused or special conditions imposed?					YES / NO
Have you ever had a driving license endorsed, suspended or cancelled?					YES / NO
Do you suffer from any physical or mental disability or any medical condition which could affect your driving performance? <i>(e.g. Epilepsy, diabetes, heart condition, faulty eyesight)</i>					YES / NO
If you have answered YES to any of the above, please provide full details ( <i>provide separate sheet, if insufficient space</i> )					

Please provide details of your last 5 years of employment (*show any unemployed periods*)


Note: Further Driver Questionnaires are available to download direct from our website

### Pursuant to the Privacy Act 1993, the following is brought to your attention:

- This questionnaire collects personal information about you
- The information is collected to evaluate the insurance sought
- The intended recipient of the information is MultiSure Ltd and Insurers
- The information is being collected and held by MultiSure Ltd and Insurers
- The collection of this information is required pursuant to the common law duty to disclose all material facts relevant mandatory
- The failure to provide this information may result in the application for insurance being declined or the insurance being void from the beginning
- You have rights to access to, and correction of this information, subject to the provisions of the Privacy Act 1993.

### Declaration

I hereby declare and warrant that I/we have read this questionnaire and that the answers given above are in every respect true and correct and that I/we have not withheld any material information. I also agree that I will, at the request of MultiSure Ltd, obtain from the relevant authority or government department a complete and up-to-date record of offences.

Drivers/Owner Signature \_\_\_\_\_ Date \_\_\_\_\_



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