

# ALL CLASS INSURANCE BROKERS P/L

## FACT FINDER – HEAVY MOTOR VEHICLE

---

**Date:**

**Advice Required:**

Specific

General

**Source:**

Yellow Pages

Counter

Other :

**Insured name:**

**Registered Owner**

**Trading Name / Subsidiaries:**

**ABN:**

**Contact Name:**

**Postal Address:**

**Email address:**

**Website:**

www.

**Contact Numbers:**

Business Hour:

After Hour:

Mobile:

Fax :

**Occupation/Profession:**

**Experience (Business):**

**Interested Parties:**

**Current Insurer:**

**Current Broker:**

**Expiry Date:**

Has any insurer in respect of any insurance policy held by you, your partners and/or directors ever:

(a) Refused to renew / cancelled or terminated a policy

Yes  No

(b) Refused a claim or required an increased premium under the policy?

Yes  No

(c) Imposed special conditions under the policy?

Yes  No

(d) Have you been convicted on any criminal offence or been declared bankrupt?

Yes  No

(e) Have you had any claims in the past 5 Years?

Yes  No

If YES to any of the above, give details below:

**VEHICLE DETAILS**

**DESCRIPTION OF BUSINESS AND OPERATIONS**

1.	<b>Gross Freight Earnings</b>	\$
2.	<b>How long in business?</b>	
3.	<b>Previous trading names</b>	
4.	<b>Main base of operation</b>	
5.	<b>Other depots</b>	
6.	<b>Is the Proposer "Truck Safe" accredited?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide date accredited:
7.	<b>Indicate the nature of operations, nature of goods carried and the respective percentage(s). Note: Details of any hazardous or dangerous goods carried are to be specifically provided.</b>	
8.	<b>Detail use/operating radius and the respective percentage(s).</b>	
9.	<b>Main destinations/cities vehicles travel to/from</b>	
10.	<b>Nominated major current contracts</b>	
11.	<b>Has there been growth (&gt; 15%) in the company's operations during the past 12 months?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details:
12.	<b>Are any vehicles governed/speed limited?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details:
13.	<b>Are any units fitted with tachographs?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details:
14.	<b>Are B-Double units used?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details:
15.	<b>Are any units engaged in road train operations?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details:
16.	<b>Does the proposer use sub-contractors?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide full details, eg full or part time etc.
17.	<b>Is there a "Non Owned Trailer" Liability exposure?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details:
18.	<b>Are any vehicles operated on a 24-hour basis?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details:
19.	<b>Are vehicles dedicated to particular drivers full time?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

20.	Does the Proposer have facilities to perform	(a) Accident repairs <input type="checkbox"/> Yes <input type="checkbox"/> No (b) Service and maintenance <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please provide details
21.	Are all your vehicles in a safe, roadworthy, undamaged condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### DRIVERS

1.	Are there any drivers under 25 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Number of drivers	
3.	Is there a high turnover of drivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	What is the usual length of time drivers stay with the company?	
5.	Are drivers required to complete questionnaire on employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are drivers employed on a permanent basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Describe criteria for driver selection	
8.	Describe driver training program, if any	
9.	Describe any driver incentive scheme	
10.	Any additional information	

### SECURITY

1.	Are vehicles garaged at one place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	What is the maximum value of all vehicles at the one location?	\$
3.	Are vehicles garaged in:	(a) Unsecured open area <input type="checkbox"/> Yes <input type="checkbox"/> No (b) Secure locked compound <input type="checkbox"/> Yes <input type="checkbox"/> No (c) Enclosed covered area <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Does security lighting exist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Do security guards patrol depot?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are guard dogs used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are keys left with vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Other additional information	

Other Discussions or recommendations:

.....  
.....  
.....  
.....

**Completed by:**

**Date:**

.....

..... / ..... / 20.....

**OTHER SERVICES**

(Ensure that you remind the client of our other services, please note confirmation of this and that you have made any necessary referrals.)

<b>Product</b>	<b>Informed Client Y/N</b>	<b>Passed On Referral Y/N</b>
Finance /Leasing		
Life Insurance		
Income Protection		
Trauma		
Disability		
Key man		
Business Expenses		
Travel Insurance		
Audit Insurance		
Motor Vehicle		
Professional Indemnity Insurance		
Management Liability		
Transit		
Heavy Motor		
Construction		
Business Insurance		

Have you Made appointment for Broker to Visit Client .....Y/N  
Is Risk Survey and Photos Required..... Y/N

# GENERAL NOTES