



# LIABILITY QUOTE FORM

Intermediary \_\_\_\_\_  
Intermediary No. \_\_\_\_\_

This declaration does not constitute an offer for renewal or the provision of a new business quotation. If we make an offer, this declaration forms part of the proposal for insurance.

ALL questions MUST be answered - DO NOT LEAVE ANY BLANK

## PROPOSER

Full name(s):

Trading name:

Postal address:  Post code:

Depot address:  Post code:

Work phone:  Mobile phone:

## SECTION 1: BUSINESS INFORMATION

What liability limit do you require on your renewal or new business quotation? \$

What is your business' estimated annual turnover and Gross Freight Earnings? Turnover: \$  GFE: \$

How many powered units will you have hauling freight?

How many Tool of Trade items will you operate? (Do not count goods carrying vehicles).

What is the maximum value of any one load you carry? \$

## SECTION 2: EMPLOYEES / SUBCONTRACTORS / LABOUR HIRE STAFF

Do you or will you contract to a principal contractor? Yes  No

If **Yes**, please state name and interest of principal(s) you want to be named on the policy:

How many employed and subcontracted **truck drivers and/or plant operators** will you employ?

How many other contractors will you employ? (**Excluding** drivers and plant operators).

How much do you pay per annum in contractor wages? (**Excluding** drivers and plant operators). \$

How many labour hire (**including** placement and employment agency) staff will you employ?

How much will you pay per annum in labour hire wages? \$

Please list all activities (**other** than driving / operating a vehicle) of subcontractors, labour hire staff:

### SECTION 3: BUSINESS ACTIVITIES

What is your occupation?

Earthmoving contractor\*

Cartage contractor - non hazardous

Pre-mix contractor

Cartage contractor - hazardous

**An earthmoving contractor operates plant and machinery (may specialise in certain tasks such as land / site clearing, excavation work etc.), visits third party locations, can own or lease a depot / terminal, can have a workshop, can store own fuel and can operate trucks to transport own equipment or commodities.**

**A cartage contractor operates truck and freight handling equipment, handles and moves freight (may specialise in hazardous, pre-mix, gravel etc.), visits third party locations, can own or lease a depot / terminal, can have a workshop for own vehicles, can store own fuel.**

\*If you ticked **earthmoving contractor**, are you involved in Road Works (beyond site preparation), Demolition, Railworks, Quarry and / or require Vibration Cover. If **yes**, please complete the **Supplementary Earthmoving Questionnaire**.

Yes  No

Please list and describe all additional activities to your primary occupation, including percentage of turnover from each:

ADDITIONAL ACTIVITIES\*:

PERCENTAGE(S) OF TURNOVER:

<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %

\* Please note - these activities are not covered unless accepted by NTI in writing.

Are you involved in Warehousing / Storage?

If **yes**, please provide full details (including types of goods/ values and percentage of turnover).

Yes  No

Do you, or will you, manufacture **products** or act as an agent to sell / promote **products** of others, or imported overseas products, or exported local products?

If **yes**, please provide details:

Yes  No

Do you agree to assume the liability of others or provide waivers or warranties under any contracts?

If **yes**, please provide details:

Yes  No

### SECTION 4: PLACES OF BUSINESS

Please list the number of properties (locations) you own, lease or rent from which your business operates.

STREET

SUBURB / TOWN / CITY

QUARRY

<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please list additional activities performed on these properties. (Please attach a separate list if more than 2).

If you have tenant(s), please provide Name(s) of tenant(s), Location(s), Activity(ies) and percentage(s) of turnover:

### SECTION 5: LIABILITY CLAIMS / LOSS AND INSURANCE HISTORY

If you know of any event(s) or occurrence(s) in the past five years that may give rise to a liability claim, please attach full details.