

Tradesmen Machinery and Plant INSURANCE QUOTE FORM

(Earthmovers, Motor vehicle, Machinery and Plant cover)

The Building Centre can assist you with obtaining Builders Earthmovers, Motor vehicle, Machinery and Plant insurance. When completing this form, please provide detailed information where possible.

Please ensure your details are clear and correct, write in BLACK PEN and PRINT in CAPITALS, and then send to us.

Tradesmen Details

Insured name: _____

Title: _____ First name: _____ Surname: _____

Postal Address: _____ Suburb: _____ State: _____ Postcode: _____

Office Address: _____ Suburb: _____ State: _____ Postcode: _____

(if different from Postal Address)

Phone: () _____ Fax: () _____ Mobile: () _____

Email: _____

Business + Insurance Details

Period of Insurance: From- _____ / _____ / _____ To- _____ / _____ / _____

Turnover: \$ _____

Description of Work and Activities you undertake: _____

Maximum depth of excavation: _____

Full description of activities machine is used for: _____

Details of ALL claims in last 4 years (use extra sheets as necessary): _____

Have any operators of Machinery or vehicle been convicted of a criminal offence? _____

Insurance Services - The Building Centre Network
P.O. Box 523, Milsons Point NSW 1565
FAX: 02 9806 2099
EMAIL: customerservice@shcorp.com.au



Does insured use Dry Hire out machines? YES * NO *

If so what fees are charged? \$ _____

Does insured use sub contractors? YES * NO *

If so what is the nature of percentage of work? Nature: _____ Percentage: _____%

Please tick the limit of legal liability required: * \$5 million * \$10 million * \$20 million

Type of vehicles:

Year/ Make/ Model	Security Devices	Serial Number/ Rego	Sum insured

Duty of Disclosure

Prior to entering into a contract of general insurance you have a duty to disclose certain information. You have the same duty to disclose prior to renewing, extending or varying a general insurance contract. When answering the questions you must be honest and you have a duty under law to tell us anything known to you. You, and of which a reasonable person in the known circumstances would include in answer to the questions. We use the answers in deciding whether to insure you and on what terms. If you do not answer the questions in this way, we may reduce or refuse to pay a claim, or cancel the Policy. If you answer questions fraudulently, we may refuse to pay a claim and treat the policy as never have been valid.

Declaration

I/ We confirm we have read the Duty of Disclosure included in this application form and confirm the answers are true and correct and that no information has been withheld which may affect the decision to accept this application or the terms and conditions.

Signed: Date: / /

Print Name:

Please contact us to receive a free quotation for the following insurances:-

- * Home Warranty Insurance
- * Builders Contract Works, Liability, Plant + Equipment Insurance
- * Personal Accident and Sickness Insurance
- * Worker's Compensation Insurance

Name: _____ Ph: () _____

Position: _____ Email: _____

Insurance Services - The Building Centre Network
P.O. Box 523, Milsons Point NSW 1565
FAX: 02 9806 2099
EMAIL: customerservice@shcorp.com.au

