

SPRIG COFFEEPAK QUICK QUOTE

BUSINESS INFORMATION

Company or Insured Name:

Trading As:

A.B.N / A.C.N:

GST registered:

Situation of Risk

Address:

Suburb:

Postcode:

State:

Business Type:

Is this a new business?

How long have you been in Business?

MOTOR VEHICLE / TRAILER / CART *Mandatory cover

Where is the vehicle parked / garaged?

Vehicle Age: (e.g. 2010)

Vehicle Make: (e.g. Hyundai)

Vehicle Model: (e.g. iLoad)

Registration Number:

if Rego not known, please advise either;

Vin / Chassis Number:

Engine Number:

Any other modifications?

Cover Details

Cover Type:

Comprehensive – Market Value or Agreed* (if less than 2 years old)

**If older than 2 years, AGREED Value requires an independent valuation (contact for further information)*

Sum Insured including Fit Out:

Current No Claim Bonus (NCB) Rating:

(written proof required before cover can be granted)

Name of Main Driver

Age of the Main Driver: (DD/MM/YY)

Any Interested parties?

Interested Parties Name:

OPTIONAL COVERS – would you like information regarding

ROADSIDE ASSISTANCE

Membership to Australia's First National Automotive Club

AUDIT PROTECT

Provides protection against fees incurred when organising your accounts for any statutory body (e.g. ATO) requesting the audit.

PUBLIC AND PRODUCTS LIABILITY *Mandatory cover

Limit of Indemnity – Standard Limit \$20,000,000

Annual Gross Turnover:

Number of Staff:

MACHINERY BREAKDOWN

Do you require Machinery Breakdown?

Limit of Indemnity – Standard Limit \$20,000

Value of Machinery value:

MONEY

Do you require cover for Money?

In Transit - Standard Limit \$2,500

During normal Business Hours – Standard Limit \$2,500

Outside normal Business Hours cover required:

Contained in securely locked safe cover required:

In Personal Custody – Standard Limit \$2,500

GENERAL PROPERTY

Do you require cover for General Property?

*Standard Limit: \$1,000 per item; \$5,000 limit

Unspecified Items max. per item

Specified Items & Value



PREVIOUS HISTORY - Must be completed

As far as known, have you or any other driver:

Had their drivers licence suspended or cancelled?

Had any convictions relating to drugs or alcohol?

Had any convictions relating to dangerous driving?

If Yes to any of the above please advise

Is the vehicle owned and registered by the Insured or Company

If No please state the owner of the vehicle

Is the vehicle in a safe, roadworthy and undamaged state of repair

Has the owner of the vehicle suffered more than 3 losses, or losses totalling over \$5,000

PREVIOUS INSURANCE

Motor Vehicle Insurer & Policy number

DECLARATION - Must be completed

I acknowledge that I have read and understood the Important notices contained in this application

I agree that this electronic proposal, together with any other information or document supplied shall form the basis of any contract of insurance

I acknowledge that if this application is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by the company

I declare after enquiry that the statements, particularly any information contained in this application and in any document accompanying this application are true and correct in every detail and that no other material facts have been misstated, suppressed or missed

I undertake to inform the Company of any material alteration to those facts before completion of the contract of insurance

CONTACT INFORMATION

Proposers Name

Contact Number

Email Address

Signature

Date

Additional Information

IMPORTANT INFORMATION

Please save file and return to: **info@spriginsurance.com.au**

PO Box 328, Wilston QLD 4051

For additional vehicles please provide details in the Additional Information.

Further information may be required before binding