



# PROPOSAL FORM

FOR CARGO INSURANCE



# IMPORTANT NOTICE TO THE PROPOSER ON COMPLETION OF THIS PROPOSAL FORM

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## 1. DISCLOSURE

Before You enter into a contract of general insurance with Us You have a duty under the Insurance Contracts Act 1984 to disclose to Us every matter which You know or, could reasonably be expected to know which is relevant to Our decision whether to accept the insurance risk and, if so, on what terms.

You have the same duty to disclose those matters to Us before You renew, extend, vary or reinstate a contract of insurance.

You do not need to tell Us about any matter:

- that diminishes the risk proposed to Us,
- that is common knowledge,
- that We know or, in the ordinary course of business as insurers ought to know,
- which We indicate We do not want to know.

It is important that You understand You are disclosing to Us and answering Our questions for Yourself and anyone else You want to be covered by the Policy.

If You do not answer Our questions honestly or do not properly disclose to Us, We may:

### **Marine Insurance Act 1909 applies**

Cancel the Policy from its beginning.

### **Insurance Contracts Act 1984 applies**

Reduce or refuse to pay a claim or may cancel the Policy. If You act fraudulently in answering Our questions or not disclosing to Us, We may refuse to pay a claim or treat the Policy as never having existed.

## 2. PRIVACY STATEMENT

When providing insurance We collect personal information under the handling guidelines of the Privacy Act 1988 about persons We insure and parties associated with the insured person. All such personal information will only be used and disclosed in accordance with these handling guidelines.

You can obtain a copy of the Lion Underwriting Privacy Policy Statement from our website [www.lionunderwriting.com.au](http://www.lionunderwriting.com.au)

## 3. ALTERATION OF RISK

Our decision to insure You is based upon the information You provide to Us. Your insurance may be affected if any of the facts or circumstances which existed at the commencement of the Policy change during the period of insurance. If You become aware of any such change You must notify Us immediately.

## 4. POLICY INFORMATION

This policy is made up of three sections a summary is set out below. A copy of the Policy providing full details of the cover, benefits, limitations, exclusions and conditions is available on request.

Section 1 – Inland.

This section insures transits within Australia.

Section 2 – Overseas.

This insures imports to and/or exports from Australia including shipments from one overseas port to another overseas port.

Each of these sections provide a different coverage, you are only covered for the section that you select in this application.

## 5. PRESENTATION

This Proposal Form must be completed and signed in ink by an authorised individual, a partner, principal or director of the Proposer.

All questions must be answered. If not applicable, state N/A.

If there is insufficient space to provide answers, additional information should be provided on the Proposer's letter headed paper.

Where available, brochures, standard contract conditions, conditions, agreements and letters of appointment should be provided.

Failure to present Insurers with information in an appropriate manner may adversely influence the ability or willingness of Insurers to offer terms.

## 6. GUIDANCE

If in doubt as to the meaning of any question contained within this proposal form or the issues raised in Disclosure and/or Presentation, advice should be sought from your contact at Lion Underwriting.

**Additional information should be provided on separate sheets clearly identifiable as forming part of the proposal form on company letterhead.**

## GENERAL DETAILS

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1. Intermediary Company Name:
2. Contact Name:
3. Email Address:
4. Telephone Number:
5. Applicant's Name:
6. ABN:
7. How many years has the business been established?
8. Cover attaches: From: To: at 4:00pm

## SECTION 1 - INLAND

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9. Do you require transits within Australia insured? Yes No
10. Geographical Area: From: To:
11. Sum Insured: Any one Conveyance/Location. \$
12. Expiring deductible: \$
13. Conveyance: Road - Own Vehicles Carrier Parcel Post Rail Sea Air
14. Description of the goods and/or merchandise to be insured:
15. Do You wish to insure Tools of Trade? Yes No  
If Yes, how much per vehicle? \$ Number of vehicles
16. Packaging: Full Container Load (FCL) Crates /Pallets /Boxes  
Less Than Container Load (LCL) Other:

**17. Basis of Valuation:**

Set out below is the method We will use to calculate how much We will pay You in the event of a claim.

If You wish another basis of calculation not specified below, please advise in the space provided under "Other" for our consideration.

Purchases	Purchase invoice cost plus freight (if applicable).
Sales	Invoice value of goods sold plus freight incidental to transit if not included in invoice figure.
Stock Transfer	Into branch gate cost
Plant, Machinery, Computer Transfers	Replacement cost as set out below:  a) Where the property is destroyed, the replacement shall be by similar property in a condition equal to but not better or more extensive than its condition when new.  b) Where the property is damaged, the repair of the damage and the restoration of the damaged portion of the property to a condition substantially the same as but not better or more extensive than its condition immediately prior to the loss or damage.
Returned Goods	Market value, if not available, as near as possible to the same make, model and specifications as is available
Exhibition/Display Items	At replacement cost as defined above
Other	

**18. Estimated Gross Turnover for the coming 12 months:**

Estimated Annual Value

Purchases	\$
Sales	\$
FOB /CFR Sales	\$
Stock Transfers	\$
Returned Goods	\$
Other (e.g. goods on consignment, please specify below)	\$
<b>Total:</b>	\$

**19. Past History:**

Please provide details of all claims lodged or, any events which have occurred and may lead to a claim being made.

	Current Year	Previous Year 1	Previous Year 2	Previous Year 3	Previous Year 4
Actual Gross Turnover					
Claims Paid & Outstanding					
Number of Claims					
Policy Excess if applicable					

## SECTION 2 - OVERSEAS

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**20.** Do You require imports to and/or exports from Australia and/or transits from overseas ports to overseas ports insured? Yes      No

**21.** Geographical Area:      Principal countries imported from      Principal countries exported to

Principal countries where goods are shipped from overseas ports to overseas ports without entering Australia.

From

To

**22.** Sum Insured: Any one Conveyance/Location.

Imports: \$

Exports: \$

Overseas ports to Overseas ports: \$

**23.** Expiring Deductible: \$

Do You wish to bear a deductible on Your exports? Yes      No

**24.** Description of the goods and/or merchandise to be insured:

**25.** Packaging:      Full Container Load (FCL)      Crates /Pallets /Boxes

Less Than Container Load (LCL)      Other:

**26.** Mode of Transport:      Sea      Air

Parcel Post      Barge

Other:

**27. Basis Of Valuation**

Set out below is the method We will use to calculate how much We will pay You in the event of a claim.

If You wish another basis of calculation not specified below, please advise in the space provided under “Other” for our consideration.

**IMPORTS** (To Australia or other country):

Your basic landed cost to import the goods plus (shipping charges), the freight for which You are liable, the charges of insurance plus 10%. If a higher loading is required please indicate in the space provided.

%

Do you wish to insure your payments of Australian Import Duty? Yes      No

If yes, the turnover you declare to us must include Import Duty.

**EXPORTS** (From Australia or other country):

Cost, insurance and freight.

**OTHER**

**28. Estimated Gross Turnover for the coming 12 months:** Estimated Annual Value

Imports	\$
Exports	\$
Overseas Ports to Overseas Ports	\$
Other (e.g. goods on consignment, please specify below)	\$
<b>Total:</b>	<b>\$</b>

**29. Past History:**

	Current Year	Previous Year 1	Previous Year 2	Previous Year 3	Previous Year 4
Actual Gross Turnover					
Claims Paid & Outstanding					
Number of Claims					
Policy Excess if applicable					

## Principal Exclusions Applying To Sections 1 and 2

Set out below are the principal exclusions only. Details of all exclusions are listed in the policy document.

- inherent vice;
- ordinary leakage, loss in weight or volume, wear and tear;
- delay, loss of market, or consequential loss;

## DECLARATION

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By signing this proposal form you consent to Lion Underwriting Pty Ltd using the information we may hold about you for the purpose of providing insurance advice and, where appropriate, assistance in relation to handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and regulatory authorities. In the course of performing our obligation to you, this information may be disclosed to agents and service providers appointed by us, Insurers, (including their re-insurers, legal advisers, loss adjustors or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and, where relevant, in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or mis-stated any material facts which may be relevant to the Insurer's consideration of this proposal form and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed. I/We understand that the information I/We provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of any policy provided.

I/We understand that if my/our business acquires, merges with or absorbs another business during the period of insurance, the insurer will require similar information in relation to that business and may charge an additional premium.

Print name:

Signature:

On behalf of:

Date:


Please note, if you wish to submit your form via email, an indication of terms and conditions may be provided on the basis of this proposal form. An original signature is required before a contract of insurance can be made. Encrypted signatures are not acceptable.

Signing this form does not bind the Proposer to complete the insurance. We recommend that you should keep a record of all information supplied to us, including copies of letters and this proposal form, for the purpose of entering into this contract.