



# Commercial Motor Proposal Form

Phone: 1800 BURMAC  
Fax: 02 6884 9321  
Address: 44 Victoria Street DUBBO NSW 2830  
Post: PO Box 1376 DUBBO NSW 2830

*BurMac Financial Services Pty Ltd is a Corporate Authorised Representative of Insurance Advisernet Australia Pty Ltd. AFSL No: 240549. Corporate Authorised Representative No: 410980.*

## Client Information

Contact Name/s: \_\_\_\_\_

Related Entities: \_\_\_\_\_  
\_\_\_\_\_

Business Ph No: \_\_\_\_\_ Home Ph No: \_\_\_\_\_  
Mobile Ph No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email Address: \_\_\_\_\_  
Website: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_

ABN: \_\_\_\_\_

Business Description  
& Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Turnover: \_\_\_\_\_  
Employees: \_\_\_\_\_

Current Insurer: \_\_\_\_\_

## Duty of Disclosure

1 . In the past 10 years have you or any Insured person/business/corporation/director had any insurer decline any proposal from inception or decline any claim, cancelled or refused to renew a policy or imposed any special conditions?      Yes      No      If Yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2 . In the past 10 years have you or any insured person/business/corporation/director ever been declared bankrupt or involved in any form of insolvency administration and not been discharged for at least one year?                      Yes              No              If Yes, please provide details:

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3 . In the past 10 years have you or any insured person/business/corporation/director been convicted or have charges pending, for any criminal offence, including arson, or involving dishonesty of any kind?                      Yes              No              If Yes, please provide details:

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4. Have you ever had any non motor loss, whether insured or not, in excess of \$20,000?                      Yes              No              If Yes, please provide details:

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5. Please provide details of any non motor loss in excess of \$20,000:

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6. Do you authorise us to give to, or obtain from, other insurer or any reference service, any information relating to insurance held by you or any claim in relation thereto?                      Yes              No

7. Are you aware of any matter, not covered above, that may be relevant to the insurers decision whether to insure you, & if so, on what terms?

Yes              No              If Yes, please provide details:

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8. Please provide details of any matters not covered above that may be relevant to the Insurer decision whether to insure you.

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Please provide details of all claims made in the last 5 years:

Insurer	Date Of Loss	Amount	Description



