



RENTSURE

RENTSURE PTY LIMITED

ABN 98 059 004 634

ACN 059 004 634

LEVEL 3

345 PACIFIC HIGHWAY

NORTH SYDNEY NSW 2060

PO BOX 1670

NORTH SYDNEY NSW 2059

TEL: (02) 9460 2200

FAX: (02) 9460 2111

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OUTSIDE SYDNEY AREA:

1800 355 646

MOTOR VEHICLE QUOTATION FORM

Specialised Motor Vehicle Cover and Risk Management
for the Rental Industry

The Proposer

Full name of Proposer:	
Trading Name:	
ABN:	ACN:
Business Occupation and Activities:	
How long have you operated a rental fleet business?	
Principal Business Address:	
Postal Address:	
Contact Name:	
Company Position:	
Telephone No.:	Facsimile No.:
Mobile No.:	Email Address:
Website Address:	
Are you a Franchise of any car rental company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, name the Franchise:	
Please advise number of staff including part time and casual employees:	

Ownership

Indemnity under the policy is available to the Policy Owner only.	
Are you the registered Owner(s) of the Vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, who is the registered owner?	



Type of Cover

Comprehensive: Loss of or damage to your vehicle caused by or arising from an accident or Theft.

OR

Third Party Property Damage only (TPPD)

Required Excess: \$1000 \$2000 \$5000 Other

If other, please specify: \$

Period of Insurance From: / / To: / /

At 4:00pm local standard time

Finance

Name and address of Finance Company:

Type of Finance: Hire Purchase Financial Lease
 Operating Lease Other

Over how many months are the vehicles financed? 12 months 24 months 36 months Other

If other, please specify:

Motor Fleet History

Average fleet next twelve months:

Cover	Fleet Number	Average cost \$
Comprehensive		\$
TPPD Only		\$

Average fleet history:

From	To	Comprehensive	Third Party Property Damage
/ /	/ /		
/ /	/ /		
/ /	/ /		

Claims &/or Loss History:

From	To	Insurer	No of Claims	Net Incurred	Excess
/ /	/ /			\$	\$
/ /	/ /			\$	\$
/ /	/ /			\$	\$
/ /	/ /			\$	\$
/ /	/ /			\$	\$

Or please attach the Insurer's claim experience to this application

We are entitled to review the terms of the quotation should there be any losses and or claims not disclosed to Rentsure.



Fleet Declaration

Please provide a list of vehicles noting the Registration number, Year, Make and Model that you propose to insure.

DUTY OF DISCLOSURE

Before You enter into a contract of general insurance with an insurer, You have a duty at law to disclose to the insurer anything that You could reasonably be expected to know is relevant to the insurer's decision whether to accept the risk of insurance and if so, on what terms.

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

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that Your insurer knows or, in the ordinary course of business, ought to know;
- as to which compliance with Your duty is waived by the insurer.

If You fail to comply with Your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract.

If Your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.



Declarations

Have you or any partner, principal or director ever had insurance declined, cancelled, renewal refused or special conditions imposed by an insurer?

Yes No

If Yes, please provide details:

You declare and acknowledge as follows:

- You have not suppressed, misrepresented or misstated any material information within your knowledge likely to affect our decision as to your eligibility for insurance and the answers given in this Proposal are in every respect true and correct.
- Insurance cover will only arise upon our acceptance of this Proposal as notified by the issue of an appropriate Policy document.
- If this Proposal is accepted by us, the Proposal and the Policy and the Schedule which are issued shall constitute the entire agreement between you and us, and shall supersede any prior representations or warranties.
- We will be relying on the information provided by you in deciding whether to provide cover and, if so, upon what terms.
- You have read and understood the Important Notice concerning your Duty of Disclosure and have received a Product Disclosure Statement (PDS).
- If anything happens during the period of insurance which alters any of the information you have provided, you will promptly inform Rentsure Pty Limited.
- You realise that if you have not complied with your duty of disclosure your claim may not be met.
- Where answers on this Proposal are not in your handwriting they have been checked by you and you certify they are correct.

Signature of Proposer: _____

Title/Company Position: _____

Date: ____/____/____



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