

Mail Contractor Insurance Application

Completed questionnaires are to either be emailed or faxed for the attention of Brett Batson at Willis Towers Watson; on Fax: (03) 8681 9888 or email brett.batson@willistowerswatson.com For any queries, please call 1800-335-014

General Details					
Company Name(s):		ABN:			
Business Activities		& Australia Post for their respective rights and interests in regards to the Licensed Post Office Agreement			
Insured Address:		No. & Street Name:			
		Suburb:		State:	PostCode:
Postal Address:(If different)		Suburb:		State:	PostCode:
Contact Person:		Email Address:			
Contact No:		Fax/Mobile No:			
Period of Insurance:		From: / / (please insert date you would like this policy to begin – “dd/mm/yyyy” format)		To: 01/07/2021 at 4pm (this facility has a common due date of 1 st July – premiums will be pro-rata to this date)	

Contract Details and Cover

Mail Service Numbers (eg. MS2585):	1.	2.	3.	4.	5.	
Vehicle/Bike Registration Numbers:	1.	2.	3.	4.	5.	
Are Back-up vehicles used?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Provided Registration Details:			
Your Cover Required						
Public Liability Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Cover limit: \$20,000,000, provided on a per contact basis.			
PDT Scanner/V-Sort Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Units?	Scanners:	V-Sort	
Marine Cargo Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Cover limit: \$100,000, provided per contact, limit per load.			
Motor Cycle/Van Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Provide Bike/Van details below, Comprehensive and Third Party cover available			
No.	Year/Make/Model	Reg No.	Driver D.O.B.	Driver Name	Garaged Postcode	Cover Required
1.			/ /			<input type="checkbox"/> Comp <input type="checkbox"/> T/P
2.			/ /			<input type="checkbox"/> Comp <input type="checkbox"/> T/P
3.			/ /			<input type="checkbox"/> Comp <input type="checkbox"/> T/P
4.			/ /			<input type="checkbox"/> Comp <input type="checkbox"/> T/P
Personal Accident Insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Provide details below, Capital Benefit \$150,000, Weekly Injury benefit \$1,000		
No.	First Name	Surname	D.O.B.	Sickness Cover *		
1.			/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.			/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.			/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.			/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No		

* Additional questions and underwriting information will be required should sickness cover be requested.

Declaration

Has any insurer ever::

- a. Declined, Cancelled or refused to renew your insurance or Imposed special terms in order to insure you?
- b. Imposed special terms in order to insure you?
- c. Suffered any claims in the last 5 years claims or occurrences known to the proposer that might give rise to a claim?

Yes No

Yes No

Yes No

If you have answered “Yes” to any of the above questions, please provide details:

I/We, the undersigned, declare that to the best of my knowledge and belief the statements set forth herein are true and correct, and agree that these statements shall form the basis of and be incorporated into any contract of insurance which may be conducted between the Proposer and Insurers. I/We acknowledge that I/We have read and understood the section accompanying this Proposal headed “Your Privacy”. Statements made on this proposal by one person are to be treated as made by all the people insured.	
Signature of Proposer*:	Date: / /

*Note: If completing this form electronically, please type in your name in full as signature. This declaration MUST be signed by or on behalf of all parties who are making the proposal for insurance.

Full terms, conditions, limitations, exclusions and benefits are set out in the policy documents, copies of which are available by calling our office on 1800-335-014.