

Application Form

Name(s) of the Registered Owner(s) of the Vehicle (known as the Insured)	Given Name(s)							
	Surname							
	Occupation	Taxi Operator						
Tax Status	Registered Business	Yes	No	ABN			Taxable %	
Address					State		Postcode	
Phone	M				Email			

Requested Period of Insurance	From	/	/	To	/	/
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Requested Standard Excess	\$ 5,000
	\$ 10,000

MAIN DRIVER DETAILS

#	Surname	Given Names	Date of Birth	Sex (M/F)	Years Licensed in Australia
1			/ /		

VEHICLE DETAILS

#	Year	Make	Model	Registration	Body Style	VIN
1						

** To apply for cover for 6 or More vehicles, contact us Via Email at taxi@arcuri.com.au or via Phone 1300 272 874

OWNER AND DRIVER HISTORY

In the last 5 years have you or any other person likely to drive these vehicles:				
1. Had:				
a) A claim, accident or car stolen or burnt (even if not reported or claimed)?				Yes No
b) Insurance refused, declined or cancelled by an insurer or any special conditions imposed?				Yes No
c) A drivers or motorcycle licence cancelled, suspended or endorsed?				Yes No
2. Been convicted or charged with:				
a) Drug use, driving under the influence, or exceeding Prescribed Concentration of Alcohol?				Yes No
b) Any driving offences or speeding infringements (other than parking offences)?				Yes No
c) Fraud, Arson, Theft or any other criminal act?				Yes No
3. Suffered from any physical or mental disability (excluding wearing glasses/lenses)?				Yes No
If you answered 'Yes' to any of the above, please provide more details below:				
Name of Driver	Incident Date	Details	Insurer	Person at Fault
	/ /			
	/ /			

Please provide the following Documentation with your application (Note, if the supporting documentation is not provided with your application form additional Premiums apply)

Existing Operators - 5 years claims history from an insurance company on their letter head

New Operators - Letter(s) from previous employer(s) proving 5 years taxi driving experience & listing any claims

PRIVACY - We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to an overseas insurer (like Lloyd's of London) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We will try to tell you where those companies are located at the time of advising you. We do not trade, rent or sell your information. If you don't provide us with full information, we can't properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure. For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy or visit our website.

DUTY OF DISCLOSURE

What you must tell us

By law, you must answer all questions honestly, telling us anything known to you and which a reasonable person in the circumstances would tell us. We will use your answers to decide whether to insure you and anyone else to be covered, and on what terms.

Who needs to tell us

It is important that you understand you are answering our questions in this way for yourself and anyone else you want to be covered by this policy.

If you do not tell us

If you do not answer our questions in this way, we may reduce or refuse a claim, or cancel the policy. If you answer fraudulently, we may refuse a claim and treat the policy as never having existed. If you do not understand your duty, ask us to explain.

ELECTRONIC DELIVERY OF CORRESPONDANCE, DOCUMENTS AND DISCLOSURE NOTICES

Where practical, we provide all correspondence, including documents and disclosure notices, (e.g. Policies, Financial Services Guides and Product Disclosure Statements) to you electronically via email and copy to your Taxi Club .

If you do not wish us to provide a copy to your Taxi Club, please tick here

ANY QUESTIONS?

For Further information you can refer to our website arcuri.com.au/taxi-insurance for General Scheme Information Financial Services Guides and Product Disclosure Statements. Alternatively Contact us Via Email at taxi@arcuri.com.au or via Phone 1300 272 874

SIGNATURE AND DECLARATION

- a) I acknowledge that I have read and understood the information explained above.
- b) I declare the above answers to be true and correct in every particular and acknowledge that the Insurer may make their decision on binding cover having regard to these answers
- c) I acknowledge I have read and checked all the answers completed to the best of my knowledge and believe all the answers to the questions in this application form are true and correct and no information has been withheld;
- d) I give authority to exchange information about any insurance or claims history with other insurers or any insurance or credit reference bureau.
- e) I acknowledge that statements made in this application by one person are to be treated as made by all the people to be insured.

Applicant Signature/s:

Date	/ /	Signature	
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