

PROPOSAL FORM AND IMPORTANT NOTICES

MOTOR CAR AND MOTORCYCLE INSURANCE

T h e E n t h u s i a s t ' s C h o i c e



Insured by certain Underwriters at Lloyd's. Administered by Ryno Insurance Services



TheEnthusiast'sChoice

East West Insurance Brokers Pty Ltd  
Trading as Ryno Insurance Services  
ABN 83 010 630 092 AFS Licence No. 230041  
19 Rosedale Street  
(PO Box 239)  
Coopers Plains Qld 4108  
P 1300 650 670  
F 1300 797 768  
www.rynoinsurance.com.au

## IMPORTANT NOTICES

Please read these notices carefully. If you have any questions, please contact us.

### *The Insurer's Agent*

Ryno Insurance Services (we, us) act under a binding authority given to us by the insurer, certain Underwriters at Lloyd's to arrange, issue, administer policies and settle claims. When acting under that authority, we act on behalf of the insurer and not for you.

### *Your Duty of Disclosure | What you must tell us*

You have a Duty of Disclosure under law which requires that before a policy is entered into, you must give us certain information we need to decide whether to insure you and anyone else under the policy, and on what terms. Your Duty of Disclosure differs depending on whether you are entering into a new policy or not.

#### *New Policy*

Where you are entering into this policy for the first time, that is, not a policy renewal or variation, you must tell us everything you know and that a reasonable person in the circumstances could be expected to tell us, in answer to the questions we ask. When answering our questions you must be honest. It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

#### *Policy Renewal and Variations*

You are required before you renew, vary, extend or reinstate your policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know is a matter that is relevant to our decision whether to insure you, and anyone else under the policy, and if so, on what terms. In particular for motor vehicle insurance, driving offences, traffic infringement fines or penalties, and the like received during the insurance period need to be disclosed to us prior to any policy renewal or variation.

#### *If you do not tell us*

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim, or cancel your policy. If your non-disclosure is fraudulent we may treat the policy as never having been in force.

#### *Misrepresentation*

If you misrepresented any fact to us before the insurance contract was entered into, and if we would not have entered into your insurance contract for the same premium and on the same terms and conditions shown on your Policy Schedule but for the failure to disclose or the misrepresentations;

Then our ability in respect of any claim may be reduced to an amount which would place us in the position in which we would have been but for your failure to disclose or your misrepresentation. However, if the non-disclosure or misrepresentation was fraudulent, we may avoid your contract altogether.

#### *Change of your risk and/or circumstances*

Advise us immediately of any change to the risk of your circumstances e.g. change of vehicle, drivers, location, modification, accessories, licensing conditions, etc.

#### *Cooling-off*

You are entitled to a minimum 14 days cooling-off period from the date cover commences during which you may return the policy and receive a premium refund (less amounts lawfully deducted). This is subject to legal requirements and terms and conditions of the policy. You should check your PDS/policy and schedule when you receive it to be sure you have the cover you need.

#### *Confirmation of Transactions*

Please contact us if you would like confirmation of any policy or transaction details.

#### *Refunds and Our Remuneration*

We reserve the right to retain any commission paid by the insurer or any fee paid by you in relation to any refund premium applicable to any policy transaction, other than under Cooling-off as above. A cancellation fee may also apply as detailed in the Product Disclosure Statement.

#### *Privacy*

We are committed to protecting your privacy in accordance with 10 National Privacy Principles. To enable us to provide our services to you, we collect your information and disclose it to third parties, such as insurers, premium funding companies, banks, claims assessors. To enable us to maintain correct records, please inform us of any changes as they occur. You have the right to request access to, and correct any of your personal information that we may retain, subject to law.

Further details about how we collect, manage and use your personal information, can be viewed in each Product Disclosure Statement or our Privacy Policy, both located on our website. You can also call us for a copy.

#### *Your satisfaction*

If you have any complaints about how we handle your personal information or about our service or advice, please let us know. We have internal dispute resolution procedures in place and abide by the Insurance Brokers Code of Practice and subscribe to the Insurance Brokers Disputes Limited, an external dispute resolution facility for insurance brokers and consumers.

As agent to insurer/s, any complaint about policies and associated services may also be handled under the relevant insurer's internal dispute resolution procedures, and the external dispute facility for insurers and consumers, the Financial Ombudsman Service. We also abide by the General Insurance Code of Practice which can be viewed at [www.ica.com.au](http://www.ica.com.au). Further details can be viewed in each Product Disclosure Statement and our Complaints and Disputes Policy, both located on our website. You can also call us or the insurer/s for a copy of the relevant Complaints Policy.

## THE APPLICANT

Full Name <i>(Must be the same as the registered owner)</i>					
Postal Address		Suburb		Postcode	
Residential Address		Suburb		Postcode	
Home phone		Work Phone		Mobile	
Fax		Email			
Date/s of Birth		Occupation/s			

## THE COVER

Period Of Insurance	From	To									
What Type of Cover? (Please Tick)	<input type="checkbox"/> Comprehensive - Regular Use <input type="checkbox"/> Comprehensive - Limited <8,000klm per year <input type="checkbox"/> Comprehensive - Extreme Limited <4,000klm per year	<input type="checkbox"/> Comprehensive – Concessional Cover <input type="checkbox"/> Third Party Property Liability Only \$20,000,000									
Do you require Laid Up Cover? (Fire, Theft, Transporting, Flood, Malicious Damage – See PDS)	Yes <input type="checkbox"/>	No <input type="checkbox"/>									
Do you require seasonal cover? If “yes”, please circle up to 5 months your vehicle will not be driven/ridden.	Yes <input type="checkbox"/>	No <input type="checkbox"/>									
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<i>Your cover is limited to Laid Up Cover for the nominated months. If you drive your vehicle on the road under its own power during those months, you will be uninsured.</i>											

## VEHICLE DETAILS

Year	Make	Model
Engine Capacity & Cylinders	Registration Number	Vin/Chassis Number
Engine Number	Purchase Date	Purchase Price
Has your vehicle been modified?  Modifications: Means that your vehicle has alterations to the engine, drive train, suspension or wheels other than by the manufacturers design.	Yes <input type="checkbox"/> No <input type="checkbox"/>	If “Yes” describe the modifications and their values.

Does your vehicle have any non-standard accessories.  Accessories: An accessory is an item fitted by a dealer or non standard item or items not fitted by the manufacturer, such as tinted windows, alloy wheels and other fixed items which do not affect the performance or handling of the vehicle.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes" describe the modifications and their values.	
Do you have a security device fitted to your vehicle, in good working order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes" please provide details.	
At which value do you wish to insure your vehicle*? (Including modifications and accessories i.e. Proposed Agreed Value) * <b>If on 4x4 Choice Policy – Only Market Value is applicable.</b>				\$ <input style="border: 2px solid red;" type="text"/>
Finance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Finance Type?	
Finance Company			Name & Address	
Do you require Finance Gap Cover? (Pays up to 75% difference of the sum insured against the finance contract value). An additional premium will apply.				Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous Insurer			Policy Number	
Has the vehicle been <u>uninsured</u> during the last 30 days?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" Please provide details				
Are you entitled to a No Claim Bonus or Discount?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Nil / 6	20% / 5	30% / 4	40% / 3	50% / 2 60% / 1
Please attach confirmation of your NCB/NCD to this proposal form from your previous insurer.				

VEHICLE USE				
What purpose will you use your vehicle?	<input type="checkbox"/> Private <input type="checkbox"/> Wedding Hire <input type="checkbox"/> Other Business (describe)		How often is your vehicle driven?	<input type="checkbox"/> Regularly (more than twice per week) <input type="checkbox"/> Once or twice a week (up to 8,000km annually) <input type="checkbox"/> Once a month or less (up to 4,000km annually) <input type="checkbox"/> Never (on site cover only)
Is the vehicle in good repair (except if you want Laid Up Cover)?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the vehicle been recently restored?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have experience of owning &/or driving this type of vehicle?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a member of a motor enthusiast club?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Where is the vehicle parked overnight?	<input type="checkbox"/> Driveway <input type="checkbox"/> Carport <input type="checkbox"/> On Street <input type="checkbox"/> Garage with locking doors			
Garaged Address				Postcode
Where is the vehicle parked during the day?	<input type="checkbox"/> Driveway <input type="checkbox"/> Carport <input type="checkbox"/> On Street* <input type="checkbox"/> Garage with locking doors <small>* Please note street parking over night is unacceptable</small>			
Address				Postcode

## ALL PEOPLE WHO WILL DRIVE YOUR VEHICLE

You must nominate all regular drivers i.e. those who will drive the vehicle more than 12 times a year.

Surname	Given Name	Date of Birth	Year Licence Obtained	Licence No	% use of vehicle

## IN THE LAST 5 YEARS HAVE YOU OR ANY OTHER PERSON LIKELY TO DRIVE/RIDE YOUR VEHICLE

Made a claim on any motor insurance policy? Yes  No

Suffered a loss or damage to a motor vehicle for which you did not claim or were not insured for? Yes  No

If you have answered "Yes" to either question please describe the circumstances below.

Details of Loss	Driver's Name	Person at Fault	Cost	Date of Loss	Insurer

In the last 10 years, have you or any other person likely to drive/ride your vehicle, been convicted of, or had any fines or penalties imposed for any crime. Yes  No

Had any traffic offences, charges, infringements, convictions or disqualifications (excluding parking fines)? Yes  No

Date of Incident	Person Involved	Details of Charges, offences, infringements, convictions or disqualifications	Amount of fine, penalty or disqualification period

Suffer from any illness or disability, likely to affect driving/riding ability? Yes  No

If "Yes" Please provide details.

Had any claims refused, insurance policy declined, cancelled or had special terms imposed? Yes  No

If "Yes" Please provide details.

Declared Bankrupt and not discharged within the last 12 months, or currently involved in bankruptcy or repossession proceedings. Yes  No

If "Yes" Please provide details.

## DECLARATION

I declare that:-

- I have received a Product Disclosure Statement/Policy and understand that if my proposal is accepted, the cover is subject to the terms and conditions of this Policy or as specifically varied by the insurer or its agent in its quote.
- I have read the Important Notices including Duty of Disclosure and I understand that if I have not complied with that Duty, my claims may not be met or my policy may be cancelled.
- Information about the Privacy Act 1988 and collection, storage, use and disclosure of personal information has been made available to me;
- I have answered every question fully and correctly and if during the period of Insurance, circumstances alter the information, I will notify you.
- I realise that by signing this proposal form and declaration, I authorise the insurer and its agents to make enquiries from third parties to verify claims history and other information relied upon;
- I have either completed this proposal form personally, or if it has been completed by somebody else, I have checked that the questions have been fully and accurately answered.

Applicant's Signature: \_\_\_\_\_

Date: \_\_ / \_\_ / \_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_ / \_\_ / \_\_

[Ryno Proposal Form Ref 0908]