



Fleetsure Pty Ltd  
 ABN: 78 078 661 220 AFSL: 238151  
 as agent for the insurer  
 Level 3, 131 Clarence Street  
 Sydney NSW 2000

Phone: 02 9299 5777  
 Email: [enquiries@fleetsure.com.au](mailto:enquiries@fleetsure.com.au)



## MOTOR FLEET QUESTIONNAIRE

**Insured** \_\_\_\_\_

**Period of Insurance** From: \_\_\_\_\_ To: \_\_\_\_\_

**Holding Underwriter** \_\_\_\_\_

How long have they held the risk? \_\_\_\_\_

If less than 5 years, who were the previous Insurers? \_\_\_\_\_

**Holding Broker** \_\_\_\_\_

How long have they held the risk? \_\_\_\_\_

If less than 5 years, who were the previous Brokers? \_\_\_\_\_

Has the named insured/s ever had insurance declined, terminated, or refused a claim? Yes/No, If Yes, please provide full details.

\_\_\_\_\_

Has the named insured or any other directors been subject to bankruptcy or have a criminal record? Yes/No, If Yes, please provide full details.

\_\_\_\_\_

**Basis of Rating or Premium Terms (expiring year)**      Conventional       Burning Cost   
 C.E.D.       Aggregate Deductible

**Aggregate Deductible:** Option 1 \$ \_\_\_\_\_      Option 2 \$ \_\_\_\_\_

Excess: \_\_\_\_\_ % of sum insured, minimum \$ \_\_\_\_\_

Excess: \_\_\_\_\_ % of sum insured, minimum \$ \_\_\_\_\_

**Section 2**      Third Party Liability \$ \_\_\_\_\_  
                          Dangerous Goods \$ \_\_\_\_\_

**Fleet & Claims history for past 5 years** (fleet numbers must be provided, insurers claims printout sufficient)

Period of Insurance					
Period of Insurance	No. of Vehicles	Total Fleet Value	Excess	No. of Claims	Total Cost of Claims
Current Year					
Last year					
2 years previous					
3 years previous					
4 years previous					

**Individual claims to be confirmed in writing on the Insurer's Letterhead**  
 For claims exceeding \$25,000, a separate detailed claims report to be provided.

Please attach a schedule of vehicles to be Insured including current market value and details of vehicles subject to leasing arrangements and carriage of dangerous/hazardous goods.



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**Operational details**

What are your Gross freight earnings \$ \_\_\_\_\_

How long have you been continuously in business? \_\_\_\_\_ years

Previous trading names? \_\_\_\_\_

Main base of operation? \_\_\_\_\_

Other depots? \_\_\_\_\_

Does the company have a risk management programme? Yes  No  If yes, is it audited? Yes  No

Does the company have or participate in the following:

Trucksafe accreditation Yes  No  If no, will this be attained shortly? Yes  No  Date \_\_\_\_\_

Road Transport Forum Yes  No

Team 2000 Yes  No

PAQS Yes  No

Fatigue Management Yes  No

Other Yes  No  If Yes, please provide details

\_\_\_\_\_

Nominate major current contracts: \_\_\_\_\_

Changes in operation during last five years? \_\_\_\_\_

Are any vehicles governed/speed limited? Yes  No  If Yes, please provide details

\_\_\_\_\_

Are any units fitted with computer tracking devices etc? Yes  No  If Yes, please provide details

\_\_\_\_\_

Are any vehicles operated on a 24 hour basis? Yes  No  If Yes, please provide details

\_\_\_\_\_

Are vehicles dedicated to particular drivers full-time? Yes  No  If Yes, please provide details

\_\_\_\_\_

Does the company have facilities to perform?

Accident repairs Yes  No

Service and maintenance Yes  No

If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

Are all vehicles in a safe, roadworthy, undamaged condition? Yes  No  If No, please provide details

\_\_\_\_\_



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## Fleet details

What is the maximum value any one combined unit? \$ \_\_\_\_\_ How many of this value are there? \_\_\_\_\_

Are you required to provide cover for any non-owned trailers? Yes  No  If yes, please advise the following

How many trailers at any one time \_\_\_\_\_ Maximum value any one non-owned unit \$ \_\_\_\_\_

Are there any B-Double, B-Triple or Road Train configurations? Yes  No  If Yes, please complete the following

How many of each do you operate? This year

Last year

2 years prior

How long have you used these configurations?

What is your maximum radius of operation?

Do you only use drivers with in excess of 10 years experience in these configurations?

If no, please provide details

	B-Double	B-Triple	Road Train
How many of each do you operate? This year			
Last year			
2 years prior			
How long have you used these configurations?	_____ years	_____ years	_____ years
What is your maximum radius of operation?	_____ km	_____ km	_____ Km
Do you only use drivers with in excess of 10 years experience in these configurations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Goods carried			Radius of Operation		
Freight/Commodities	One trailer	Two plus trailers	Radius	One trailer	Two plus trailers
General (Non dangerous goods)	%	%	Up to 150km	%	%
Refrigerated Goods (excl hanging meat)	%	%	150km to 300km	%	%
Hanging Meat (Refrigerated)	%	%	300km to 600km	%	%
Livestock	%	%	600km to 1000km	%	%
Produce	%	%	1000 km to 1,500km	%	%
Dangerous Goods	%	%	Above 1,500km	%	%
Vehicles (including heavy machinery)	%	%			
Building Products	%	%			
Coal & other minerals	%	%	<b>Major Routes</b>		
Shipping containers	%	%	_____ to _____		%
Other (please provide details)	%	%	_____ to _____		%
			_____ to _____		%

Provide details of any dangerous goods carried

Substance	Class	Amount Carried per trip	% of operation
			%
			%
			%
			%



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## Driver Details

How many staff does the company employ (including Principals, drivers, clerical staff, contractors and sub-contractors)

Full time	Part time	Casual	Contractors	Sub-contracted tow operators

Are there any drivers under 25 years of age or with less than 2 years driving experience for required license class?

Yes  No

If yes, how many and what vehicles are driven?

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How many employees have voluntarily left the company in the last 12 months?

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How many employees have involuntarily left the company in the last 12 months?

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What is the usual length of time drivers stay with the company?

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Are drivers required to submit a questionnaire and motor registry print upon employment?

Yes  No

Are drivers employed on a permanent basis?

Yes  No

Are tow-operators required to provide proof of non-owned trailer liability?

Yes  No

If yes, to what value? \$ \_\_\_\_\_

Describe criteria for driver selection:

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Describe any driver training program:

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Describe the driver incentive scheme:

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Have you ever been investigated or had fines imposed for breaches of the Occupational Health & Safety Act?

Yes  No  If Yes, please provide full details, i.e. details of circumstance, final outcome etc.

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