



Fleetsure Pty Ltd
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 as agent for the insurer
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SMALL FLEET QUOTATION REQUEST

Brokerage Name: _____ Contact Broker: _____
 Contact Phone: _____ Contact Email: _____
 Name of Insured/s: _____
 Insured's base of operation: _____ State _____ Postcode: _____
 Policy expires: _____ Current Insurer: _____
 Years of Continuous Insurance: _____ Current Broker: _____

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.

Please attach the schedule of vehicles with nominated sum insured values & detailed claims history.

Do you require non owned trailer in control cover? Y/N. If Yes, how much and type of Trailer? _____

Details of any drivers under 25 years of age or with less than 2 years driving experience in license class _____

How often are casual drivers used? _____

List Major Clients including other transport companies: _____

Prime Contract: _____% Subcontract: _____%

Does your business have any form of accreditation (e.g..Trucksafe TFMS, Dangerous Goods?) _____

Type of freight carried (i.e. steel, timber, produce)
 If Dangerous Goods, please advise classes and frequency.

General Freight is not an acceptable description:

What percentage of your freight is next day delivery, time sensitive, and/or overnight express freight? _____%

Do you regularly drive between 11pm and 7am? Yes/No

How often do you have a medical? _____

Usual Journeys		Radius of Operation (as the crow flies)	
From	To	Radius	Percentage of Work
		Up to 150km	%
		150km to 300km	%
		300km to 600km	%
		600km to 1000km	%
		1000km to 1500km	%
		Above 1500km	%

Signed: Print Name: Date: