



EXCELLENCE and INNOVATION in INSURANCE

168 DENISON STREET,
P.O. BOX 1251, ROCKHAMPTON 4700

TELEPHONE (07) 4927 8400 MOBILE Peter 0418 792 211 A/HOURS (07) 4926 1800
FACSIMILE (07) 4922 2818 MOBILE Heather 0418 794 466 Email: sales@piranhainsurance.com.au
TOLL FREE AUST WIDE: 1800 650 077 (EXCLUDING LOCAL ROCKHAMPTON AREA)

AFS Licence No: 230917

PIRANHA INSURANCE BROKERS – Real Deal Trailer Quote Form Date: / /

Advice Required – Specific General
Source – Yellow Pages Counter Referred By:

Insured's Name:	DOB:	Licence No:
Insured's Name:	DOB:	Licence No:
Trading Name/Subsidiaries:		
Contact Name:	ABN:	
Postal Address:	P/C:	
Email address:	Web Site:	
Ph: B/H	Fax No:	Mobile Phone:
Occupation/Profession:		
Interested Parties:		
Current Insurer:	Current Broker:	Expiry Date:
Has any insurer in respect of any insurance policy held by you, your partners and/or directors ever:		
(a) Refused to renew / cancelled or terminated a policy	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(b) Refused a claim or required an increased premium under the policy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(c) Imposed special conditions under the policy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(d) Have you been convicted on any criminal offence or been declared bankrupt?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(f) Have you had any claims in the past 5 Years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES to any of the above, please give details below,		
Request Taken By:		
Quoted/Input By:		

Area of operation:

Trailer

Year:

Make:

Type:

Reg. No:

Serial No/ VIN:

Sum Insured:.....

Finance Co:

Base of Operation:

Carrying Capacity: Tonne



A MEMBER OF
 Member of
Steadfast
Group Limited

EXCELLENCE and INNOVATION in INSURANCE

168 DENISON STREET,

P.O. BOX 1251, ROCKHAMPTON 4700

TELEPHONE (07) 4927 8400

MOBILE Peter 0418 792 211

A/HOURS (07) 4926 1800

FACSIMILE (07) 4922 2818

MOBILE Heather 0418 794 466

Email: sales@piranhainsurance.com.au

TOLL FREE AUST WIDE: 1800 650 077 (EXCLUDING LOCAL ROCKHAMPTON AREA)

AFS Licence No: 230917

DETAIL OF REGULAR DRIVER

Driver History

Date of Birth:/...../..... Years licensed:

Accidents:

.....

.....

Traffic Offences:.....

.....

.....

Current NCB / Claim free years:

Insurer & Policy No.:

Comments

.....

.....