



Piranha Insurance Brokers Pty Ltd The Real Deal Motorsports Insurance Proposal

[Note: We are licensed to provide insurance cover for Australian residents only]

For acceptance, every question must be fully answered

Insured Name in Full _____

Contact Person _____

Address _____

Business Phone _____

Fax Number _____

Mobile Phone _____

Home Phone _____

Email Address _____

Date of Birth _____

Occupation _____

Date when coverage needs to be effective _____

Note: Cover can only commence from payment of premium, usually faxed or phoned authorised credit card. Upon receipt of premium payment, completed proposal and photo within 30 days of binding, the file will be complete. If file is not complete within 30 days, we will process cancellation.

Please nominate which of the sanctioning bodies you race under and the sub-class. Note: You must specify racing classification in order to obtain quote.

Sanctioning Body

NASCAR / AUSCAR ANDRA CAMS NASR
Other

Details _____



Principal location of Race Vehicle & Postcode _____

Will vehicle ever be loaned or rented to others?	Yes	No
Will vehicle be garaged at above location?	Yes	No
Will the garage be locked?	Yes	No
Will more than one vehicle be stored in this garage?	Yes	No

If Yes, Please explain _____

What is the construction of the storage building / area? Wood Brick Metal Fire Resistant

Are doors locked at all times? YES NO

If no, please explain _____

Number of windows? _____

Are they locked? YES NO

Are they barred? YES NO

Number of fire extinguishers in the garage? _____

Is there an alarm system installed and in working condition? YES NO

If the car is stored in trailer, state precautions taken to avoid theft _____

What other precautions have been taken to reduce loss? _____

What is the longest distance (kilometers) to be travelled from principal location of race vehicle? _____

How many kilometers do you travel annually? _____

Which states do you travel to (including principal locations)?	QLD	NSW	ACT	VIC
	TAS	NT	SA	WA



Inventory List

Include race vehicles, trailers, spare parts, engines, tools etc

Vehicle Type	Engine ID / No	Sum Insured
_____	_____	_____
_____	_____	_____
_____	_____	_____

Accessories, Parts, Equipment, Tools	Sum Insured
_____	_____
_____	_____
_____	_____

Total Sum Insured _____

Cover Option Required (A :Accidental Damage, B : Listed Events) _____

Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance, and if so on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

- Your duty however does not require disclosure of matter:
- that diminishes the risk to be undertaken by the insurer
 - that your insurer knows or in the ordinary course of his business, ought to know
 - as to which compliance with your duty is waived by the insurer.



Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from it's beginning.

Previous History

A) Have you previously held a policy for Motorsports Insurance? YES NO _____

B) Has any Insurer in connection with Motorsports Insurance ever demanded an increased premium or imposed any special conditions? YES NO _____

Declaration

I/We understand the advice given in relation to the DUTY OF DISCLOSURE, NON DISCLOSURE, THIRD PARTY INTERESTS AND ADMISSION OF LIABILITY. I/We understand that no insurance is in force until such time as the insurer has confirmed acceptance of this proposal for this insurance.

I/We acknowledge and agree that this proposed insurance is not retroactive and does not indemnify against losses incepted or manifesting prior to the commencement of this proposed insurance.

I/We further agree to accept this company's policy subject to terms, conditions and exclusions to be contained herein or endorsed thereon.

Proposers Signature _____
(if more than one proposer all to sign)

Date: ____/____/____

These answers Are Not In My Own Handwriting But Have Been Checked By Me and I Certify That They Are Correct

Proposers Signature _____
(if more than one proposer all to sign)

Date: ____/____/____