



## REAL DEAL TRAILER SCHEME INSURANCE

### New Policy Declaration

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INSURER: CGU INSURANCE LIMITED  
ABN 27 004 478 371  
An IAG Company AFS Licence No. 238291  
181 WILLIAM ST,  
MELBOURNE VIC 3000

#### Applicant Details

**Period of Insurance:** From \_\_\_/\_\_\_/\_\_\_\_\_ to 4.00 p.m. on \_\_\_/\_\_\_/\_\_\_\_\_

**Insured Name(s):** \_\_\_\_\_

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Intermediary Name:** \_\_\_\_\_

**Business or Occupation:** Real Deal Scheme

### PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

To finalise your insurance, please complete the following actions:

1. Check the Policy Schedule to ensure the covers and sum insured meet your needs.
2. Review and complete this Declaration by
  - Verifying details and answers provided to questions are true and complete.
  - Amending any answers which are incorrect or incomplete.
  - Providing answers to any previously unanswered questions.
  - Signing the declaration.
3. When complete, **please forward this Declaration to PIRANHA INSURANCE BROKERS – PO Box 1251, Rockhampton QLD 4700.**

CGU reserves the right to decline or vary the terms of the policy should any details provided in your completed Declaration change the risk.

**REAL DEAL TRAILER SCHEME  
INSURANCE**

**ABOUT THE VEHICLE/S**

<b>Year of Trailer:</b>				
<b>Trailer Description:</b>				
<b>Trailer Sum Insured:</b>	\$			
<b>Trailer Class:</b>	Real Deal Trailer Scheme			
<b>After Market Accessories:</b>				
<b>Total Value of After Market Accessories:</b>	\$			
<b>Is the Trailer Registered?</b>				
<b>Registration Number:</b>				
<b>Does the trailer have Australian compliance plates and comply with Australia design rules regarding safety &amp; emission control?</b>		<b>YES</b>		<b>NO</b>
<b>Is the vehicle maintained in a roadworthy condition, in working order, free from mechanical defects and in an undamaged condition?</b>		<b>YES</b>		<b>NO</b>
<b>City/Suburb/Town of the base operation:</b>				
<b>State of the base operation:</b>				
<b>Postcode of the base operation:</b>				
<b>Does the trailer operate interstate or more than 600km from its base?</b>	YES			
<b>Please provide details of long distance travel:</b>	Australia Wide			

**ABOUT THE INSURED/S**

<b>INSURED DETAILS</b>				
1. Has any person who will drive any of your vehicles had any convictions for driving under the influence of alcohol, drugs, or had a licence cancelled or suspended in the last 5 years?		<b>YES</b>		<b>NO</b>
2. Have you (i.e. partners, directors and proprietors) been convicted of any criminal offences (including the imposition of a bond) during the last 5 years OR have any charges currently pending?		<b>YES</b>		<b>NO</b>
3. Have you (i.e. partners, directors and proprietors) had any insurer, including CGU, decline any claim, refuse or cancel any cover or require special terms to insure you?		<b>YES</b>		<b>NO</b>
4. Have you (i.e. partners, directors and proprietors) had: <ul style="list-style-type: none"> <li>o More than 3 claims/losses; or</li> <li>o Claims/losses totalling more than \$5,000 involving motor vehicles in the last five years?</li> </ul>		<b>YES</b>		<b>NO</b>

**DECLARATION**

I/We declare that:

- (a) the particulars and statements are true, correct and complete, and contain all information known to me/us.
- (b) I/We agree to accept the insurance subject to the terms, exclusions, conditions and limitations of the CGU's Policy.

I/We authorise CGU to obtain or supply details of insurance claims and other relevant information.

<b>Signature of Applicant</b>	<b>Date</b>	<b>Signature of Applicant</b>	<b>Date</b>
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