

TRANSPORT PACKAGE QUOTATION SHEET

| | |
|-------|--|
| Name | |
| Base | |
| Phone | |
| Email | |

| | | |
|--|--|--|
| Business | |  <p>Holdfast Insurance Brokers</p> <p>AFSL No. 234526 ABN 35 194 842 340 ACN 007 972 009 holdfast.com.au</p> |
| How long has this business been operational | | |
| How long have you been in the heavy transport industry | | |
| Have you had any claims or convictions | | |
| Current No Claim Bonus Rating | | |
| How many years have you had continuous motor insurance | | |
| Radius of Operation | | |

| | |
|-----------------------------------|--|
| Current Insurer | |
| Expiry date of current policy | |
| Premium quoted by current insurer | |
| Do you pay monthly or annually | |

| | |
|----------------------|--|
| Main Driver | |
| Date of Birth | |
| Current Licence Type | |

| | |
|-------------------------|--|
| List Additional Drivers | |
| Date of Birth | |
| Current Licence Type | |

| | |
|---|--|
| Number of employees including directors | |
| Do you have any under 25 year old employees | |

Wayville

62 Greenhill Road Wayville SA 5034
PO Box 1229 Unley SA 5061
Telephone 08 8273 0900
Facsimile 08 8373 2500
Email info@holdfast.com.au

South Coast

75 Beach Road Christies Beach SA 5165
PO Box 100 Christies Beach SA 5165
Telephone 08 382 2222 or 1800 182 399
Facsimile 08 8384 1402
Email info.sc@holdfast.com.au

Northern Territory

4/90 Ross Smith Avenue Fannie Bay NT 0820
PO Box 2158 Parap NT 0804
Telephone 08 8941 8000
Facsimile 08 8942 3070
Email info.nt@holdfast.com.au

3/25 Chung Wa Terrace Palmerston NT 0830
PO Box 56 Palmerston NT 0831
Telephone 08 8931 0200
Facsimile 08 8931 0600
Email info.nt@holdfast.com.au

| | |
|---|--|
| VEHICLE / TRAILER (1) | |
| Year | |
| Make and Model | |
| Any non-standard accessories or modifications (Please list) | |
| Carrying Capacity | |
| Sum Insured incl. accessories | |

| | |
|---|--|
| VEHICLE / TRAILER (2) | |
| Year | |
| Make and Model | |
| Any non-standard accessories or modifications (Please list) | |
| Carrying Capacity | |
| Sum Insured incl. accessories | |

| | |
|---|--|
| VEHICLE / TRAILER (3) | |
| Year | |
| Make and Model | |
| Any non-standard accessories or modifications (Please list) | |
| Carrying Capacity | |
| Sum Insured incl. accessories | |

| | |
|--------------------------------------|--|
| TRAILER IN CONTROL | |
| Is trailer in control cover required | |
| Sum Insured required | |

| | |
|---------------------------------|--|
| LIABILITY | |
| Is Liability insurance required | |
| Limit of liability | |
| Turnover est. for coming year | |

| | |
|---|--|
| MARINE | |
| Is Marine Cargo required | |
| Cover type required (Insured perils or accidental damage) | |
| Value of max. goods carried at any one time | |
| How are the goods stored in the trailer | |