

Trailer Quote Request

Type of Trailer

Dog Wash Trailer Food Trailer/Truck Tradie Trailer Coffee Trailer

Trailer VIN:

Contact Name:

Phone Number:

Email Address:

ABN:

Trading Name:

Date of Birth:

Street Address:

Estimated Turnover: No. of Staff/Employees:

GST Registered? Yes No If yes, what is your ITC %

Has the business or any owner, director, partner or officer of the business sustained more than 3 losses, or had losses totalling more than \$5,000 in the last 5 years, for those covers to be insured by this policy? Yes No

Has any driver to be insured by this policy had their license cancelled or suspended in the last five years? Yes No

Has any driver to be insured by this policy had any convictions relating to alcohol, drugs, dangerous driving or failing to stop after an accident in the last 5 years? Yes No

If this is a food trailer, is this intended to be fixed permanently? Yes No

If **YES** to any of the above please provide details:

Public Liability Cover:

Would you like a \$20 million Public liability insurance quote? This cover is a minimum requirement for councils and markets and you will be required to prove you have it by providing a certificate.

Yes, Please quote \$20 Million Public Liability Insurance:

General Property Cover:

If your trailer is a Tradie Trailer, would you also like general property cover to cover your tools?

Yes, I would like to insure my tools for the amount of:

* Please note that any item individually worth over \$2,500 will need to be advised. Please contact us if this is the case.

DECLARATION

I/We declare that the answers given herein are in every respect true and correct. I/We have not withheld any information likely to affect acceptance of the insurance.

I/We have been provided with the Aviso Broking Pty Ltd Financial Services Guide and the insurers Product Disclosure Statement.

I/We acknowledge that by ticking the Electronic Acknowledgement area of this document that all answers are correct at this date.

SIGNATURE

Date

ELECTRONIC ACKNOWLEDEMENT

I/We confirm that all answers in this document are correct.

YES

Date

SUBMISSION CHECKLIST

Have all above questions been completed?

Copy of Purchase Quote/Invoice Attached?

Any additional information you would like to provide?

Please forward your application and invoice via email or text to:

jacob.sholl@avisobroking.com.au

0481 794 285