

Broker or dealer details

Company	<input type="text"/>
Name	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

On Track Motor Racing Insurance Proposal

Important Information : Your Declaration & Statement of Facts Held

The answers contained in this form are a record of the information **You** have provided **Us**. In accepting **Our** offer of insurance, this Statement of Facts is **Your** completed Proposal Form, which **You** will be bound by until such time as it is replaced by a new Statement of Facts or Proposal Form and agreed to by **Us** in writing. **We** remind **You** of **Your** Duty of Disclosure when entering into a contract of insurance, the full definition of the [Duty of Disclosure](#) can be found in the [Important Conditions](#) at the end of this document. **Your** answers are extremely important and in conjunction with the Terms, Conditions, Limitations and Exclusions form part of **Your** contract with **Us**.

If **We** issue **You** a **Policy Schedule** and any of the information provided is not complete or incorrect in any way, please advise **Us** immediately. Any amendments to cover must be agreed to by **Us**, in writing. Brokers - Any closing instructions that **We** receive do not supercede this **Policy Schedule** of cover.

Supplementary Product Disclosure Statement

This document is also a Supplementary Product Disclosure Statement (SPDS) which updates the Insurer's PDS - for details of the PDS see the [Product Disclosure Statement](#) and Policy Wording. You should read the SPDS together with the PDS and Policy Wording and any other SPDS the Insurer may provide before entering into any contract of insurance.

General

Insured Name(s): (Policy holder and payee in the event of a claim)

Contact Name	<input type="text"/>		
Postal Address	<input type="text"/>		
Telephone No.	<input type="text"/>	Mobile No.	<input type="text"/>
Email	<input type="text"/>	Website	<input type="text"/>

Insured Vehicle

Year	<input type="text"/>	Make	<input type="text"/>
Model	<input type="text"/>	VIN / Chassis No.	<input type="text"/>
Is the Vehicle Registered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Registration No.	<input type="text"/>
			<small>If registered</small>
Is the Vehicle financed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Finance Company Name	<input type="text"/>
		Amount Owing	<input type="text"/>
No. of Years you have owned this vehicle?	<input type="text"/>	Are you the legal owner of this vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>
			<small>If no, please provide full details in the additional notes.</small>
Vehicle Value	<input type="text"/>	Value less Engine and Gearbox	<input type="text"/>
	<small>Value of complete car</small>		<small>Not applicable if standard production vehicle</small>
Accessories:	<input type="text"/>		
Modifications:	<input type="text"/>		
Sum Insured:	<input type="text"/>		

Drivers to be covered and experience

Named Driver(s): (Please attach separate page if insufficient space)

Driver (1) Name:

Date of Birth:

Holder of an Australian Driver's Licence? Yes No

Number of Years Australian Driver's Licence Held?

Are you a Confederation of Australian Motorsports (CAMS) Member? Yes No

CAMS Member/Licence Number

Previous On Track and Competition Experience:

Please include category type(s) and year(s) and/or number of event days of participation if applicable

Accident History: (Please attach separate page if insufficient space)

Please list all insured or uninsured on-track incidents resulting in fire and/or impact damage whether at fault or not

Drivers to be covered and experience

Named Driver(s): (Please attach separate page if insufficient space)

Driver (2) Name:

Date of Birth:

Holder of an Australian Driver's Licence? Yes No

Number of Years Australian Driver's Licence Held?

Are you a Confederation of Australian Motorsports (CAMS) Member? Yes No

CAMS Member/Licence Number

Previous On Track and Competition Experience:

Please include category type(s) and year(s) and/or number of event days of participation if applicable

Accident History: (Please attach separate page if insufficient space)

Please list all insured or uninsured on-track incidents resulting in fire and/or impact damage whether at fault or not

**If additional drivers require cover, please copy the Named Driver questionnaire and attach to this application*

Schedule of Events Requiring Insurance:

Please attach separate page if insufficient space

Name of Event	Race Series	Driver Training Day	Qualified Training Instructor Present?
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>

If yes, provide the details

What will the Instruction be? One on One Group Unknown

Event Organiser:

Is the event affiliated to a Governing Body, e.g. CAMS, if so list:

Circuit: Date of Event:

If multiple days list all days

Does the event have a website? Yes No If yes, write it down

No. of Race Meetings No. of Test Days:

Will there be other vehicles on Track at the same time? Yes No

Will the Event be Competitive (i.e. timed or place getting)? Yes No

Notes and Additional Information

Declaration

I / We agree on my own behalf and on behalf of all other insured persons that: the within statements are true. The Duty of Disclosure has been complied with. The **Vehicle** described is and shall be maintained in an appropriate condition. When signing the Proposal/Quotation Form, I/We acknowledge that should some or all of the answers stated in this form NOT be in my/our own handwriting, the answers have been checked and I/We certify they are correct and that I/We agree to accept a **Policy** subject to the terms, exceptions and conditions prescribed therein. The **Vehicle** to be Insured shall not be driven by any person other than an **Authorised Driver** or an **Excepted Person** or as otherwise endorsed to **Your Policy Schedule**. The **Vehicle** to be Insured shall not be driven by any person who to my/our knowledge has been refused any motor insurance or the continuance thereof. The Product Disclosure Statement (PDS) for this policy may be made available as described in the “**Our** Product Disclosure Statement’ notice. I/We have read and agree to the terms of the Privacy Notice.

Applicant's name

Applicant's Signature

Date

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Important notices

1. This Insurance is underwritten by HDI Global Specialty SE - Australia, (ABN 58 129 395 544, AFS Licence number 458776), with its registered address at Tower 1, Level 33, 100 Barangaroo Avenue, Sydney NSW, 2000. Telephone (02) 8373 7580.
2. One Underwriting acts as an agent of HDI Global Specialty SE - Australia in arranging and entering into this motor insurance, not the Insured.
3. This quotation is valid only for a period of thirty (30) days and may be withdrawn or varied at any time by **Us**.
4. By submitting the request for quotation **You** confirm that **You** have read and agree to the terms of the Privacy Notice and Terms of Business sent to **You** by **Us**.
5. In submitting this information **You** are acting as agent of the proposed insured(s) and are doing so on their behalf.

Our Product Disclosure Statement

The law requires that you receive a “Product Disclosure Statement” (PDS) prepared by HDI Global Specialty SE - Australia. The PDS aims to give **You** enough information to decide whether to buy this product. The PDS is made up of a number of documents. The Proposal (or electronic declaration) and the PDS and Policy Wording contains the standard terms and conditions of cover. If cover is issued, the **Policy Schedule** other documents **We** tell **You** are included, will update and becomes part of the PDS. These documents are available to **You** (if **You** or **Your** agent does not already have them, by calling Us, visiting our office or website: oneunderwriting.com.au)

Your Duty of Disclosure:

Before **You** enter into a contract of insurance, **You** have a duty under the Insurance Contracts Act 1984 (Clth) to disclose anything that **You** know, or could reasonably be expected to know, that may affect **Our** decision to insure **You** and on what terms. This includes **Your** driving record and insurance history for the previous five (5) years and any criminal convictions whether current or spent for the previous ten (10) years prior to the inception of, or renewal of the insurance **Policy**.

You have that duty after proposal, and up until the time **We** agree to insure **You**. **You** have the same duty before **You** renew, extend, vary or reinstate a contract of insurance.

You do not need to tell **Us** anything that:

- reduces the risk that is insured;
- is common knowledge;
- **Your** insurer knows or should know as an insurer; or
- the insurer waives compliance with **Your** duty of disclosure.

If **You** are uncertain about whether or not a particular matter should be disclosed to the insurer, please contact **Us** or your appointed insurance broker..

Non Disclosure:

If **You** do not tell **Your** insurer anything **You** are required to, the insurer may cancel **Your** contract or reduce the amount that is required to pay **You** if **You** make a claim, or both. If **Your** failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

Short Form Privacy Disclosure and Consent

Application/ Claim Forms

1. One Underwriting Pty Ltd is committed to protecting **Your** personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). **We** collect, use and disclose personal information to offer, promote, provide, manage and administer **Our** various insurance services **We** are involved in as set out in the One Underwriting Privacy Notice. In order to do this, **We** may also share **Your** information with other persons or entities who assist **Us** in providing or promoting **Our** services as set out in the One Underwriting Privacy Notice. Further information about our privacy practices can be located in the One Underwriting Privacy **Policy**, a copy of which can also be sent to **You** on request by **Your** One Underwriting representative. **You** may also gain access to **Your** personal information, or modify **Your** privacy preferences, by contacting **Your** One Underwriting representative or **Our** Privacy Officer through the means set out in the One Underwriting Privacy Notice.
2. If **You** are disclosing personal or sensitive information about any other person to One Underwriting, **You** confirm that **You** have obtained the consent of that person to disclose to One Underwriting their personal or sensitive information and **You** have made them aware that One Underwriting will or may disclose their information to third parties that are reasonably necessary to assist in the provision of the relevant services or products. If **You** have not obtained consent from this other person to disclose their personal or sensitive information to One Underwriting, **You** will inform **Us** before providing the relevant information to **Us**.

By submitting this Quotation & Proposal Securus Motor Insurance, **You** acknowledge that **You** have read the One Underwriting Privacy Notice and agree that **We** can handle any personal information **You** have provided to **Us** in the manner set out above.

Unless **You** tick here, **We** or any of our group of companies may be in touch by any means (including email or SMS) at any time to let **You** know about goods, services or promotions that may be of interest to **You**.

Submit your proposal form

motorsolutions@oneunderwriting.com.au

Motor solutions team enquiries 07 3223 7517