



WYMARK

INSURANCE BROKERS PTY. LTD.
ABN 11 010 863 966 AFS Licence No. 238769
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Pest Controllers – Comprehensive Motor Vehicle Insurance Quotation Form

DETAILS OF THE APPLICANT

* Full Insured Name Eg. G Smith T/as Pest Qld P/L										
Contact Number(s)	* Phone No.		* Fax No.		* Email					
* Postal Address							* State		* Postcode	

VEHICLE DETAILS

#	Year	FULL Vehicle Description - Make / Full Model Details Eg. Holden Rodeo DLX 2.4Ltr DT Utility	Vehicle Value	Fixed Equip Value	REGO	Fixed Equip. Details Eg. Tank, Pump, Reels	Garaging Postcode	Youngest Drivers DOB	Financier (eg. Suncorp)	Vehicle Use Eg. Priv/Bus
1.										
2.										
3.										
4.										
5.										
6.										

No Claim Bonus Rating (eg. 60%, Rating 1)		Current Insurer		Policy Number		Expiry Date	
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Owner(s) and Drivers History Questions - In the last 5 years have you or any other person likely to drive this vehicle: (If YES, please provide details)

- Had a claim, accident or car stolen or burnt (even if not reported or claimed from an insurer), insurance refused, declined or cancelled by an insurer or any special conditions imposed, a drivers or motorcycle license cancelled, suspended or endorsed	Yes <input type="checkbox"/> No <input type="checkbox"/>
- Been convicted or charged with; drug use, driving under the influence, or exceeding Prescribed Concentration of Alcohol, any driving offences or speeding infringements (other than parking offences), fraud, arson, theft or any other criminal act?	Yes <input type="checkbox"/> No <input type="checkbox"/>
- Suffered from any physical or mental disability (excluding wearing of glasses/lenses)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

OTHER DETAILS –
