

**SUBCONTRACTOR / TOW OPERATOR DETAILS FORM**

Company Name:		ABN:	
Trust Name:			
Trading Name:			
Street Address:			
Postal Address:			
Telephone:		Mobile:	
Managing Director:		Email:	
Accounts Contact:		Email:	

**Vehicle / Licensing Details** (For additional vehicles and drivers, please see space on reverse side of this page)

Truck Make:		Registration:	
Vehicle Configuration:			
Driver Name:			
Drivers Licence No:		<input type="checkbox"/> Copy attached	Expiry: / / State: /

**Please attach a copy of the driver's current licence and licence history, and a recent medical assessment.****Insurance Details**

Motor Vehicle Third Party Vehicle		Public Liability	
Name of Insurer:		Name of Insurer:	
Period of insurance:	Policy number:	Period of insurance:	Policy number:
Sum insured: <i>Third Party Liability coverage must be \$20,000,000</i>		Sum insured: <i>Third Party Liability coverage must be \$20,000,000</i>	
Marine Cargo		Trailers in Control	
Name of Insurer:		Name of Insurer:	
Period of insurance:	Policy number:	Period of insurance:	Policy number:
Sum insured: Coverage must be to a minimum of \$300,000 any one conveyance		Sum insured: <i>Full Comprehensive cover – limit per trailer \$100,000 (If B-double 2 trailers to be noted )</i>	
Workers Compensation		<b>Copies of all relevant Certificates of Currency are to be attached to this document</b>	
Name of Insurer:			
Period of insurance:	Policy number:		

**Payment Details**

Bank Name:	Account Number:
Account Name:	BSB:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ADDITIONAL VEHICLES / DRIVERS

Truck Make:		Registration:	
Vehicle Configuration:			
Driver Name:			
Drivers Licence No:	<input type="checkbox"/> Copy attached	Expiry:	/ / State:
<b>Please attach a copy of the driver's current licence and licence history, and a recent medical assessment.</b>			

Truck Make:		Registration:	
Vehicle Configuration:			
Driver Name:			
Drivers Licence No:	<input type="checkbox"/> Copy attached	Expiry:	/ / State:
<b>Please attach a copy of the driver's current licence and licence history, and a recent medical assessment.</b>			

Truck Make:		Registration:	
Vehicle Configuration:			
Driver Name:			
Drivers Licence No:	<input type="checkbox"/> Copy attached	Expiry:	/ / State:
<b>Please attach a copy of the driver's current licence and licence history, and a recent medical assessment.</b>			

Truck Make:		Registration:	
Vehicle Configuration:			
Driver Name:			
Drivers Licence No:	<input type="checkbox"/> Copy attached	Expiry:	/ / State:
<b>Please attach a copy of the driver's current licence and licence history, and a recent medical assessment.</b>			

<b>Office Use Only:</b> Induction Date: _____ Entered by _____ Date Entered _____
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