

Subcontractor Application Form

Business Details		
Business/Company Name:		
Date business commenced trading:		
ABN:		
Business Address:		
Legal Structure:	Sole trader / Partnership / Company / Other: Please Specify	
Brief Description of Services Provided:		
Have you, your organisation or your partners ever experienced insolvency, bankruptcy, liquidation, administration or receivership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		
Is your business available for weekend work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contacts		
Contact Name:		
Title:		
Business No.		
E-mail:		
Driver Details		
Full Name:		
Address:		
Contact no.		
Licences		
Licence No.	Expiry:	Class:
Forklift Ticket:		
Dangerous Goods Licence:		
White Card:	<input type="checkbox"/> No	<input type="checkbox"/> Yes

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Truck Details	
Make:	Model:
Year:	Expiry Date:

Other Driver Details		
Full Name:		
Address:		
Contact no.		
Licences		
Licence No.	Expiry:	Class:
Forklift Ticket:		
Dangerous Goods Licence:		
White Card:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Truck Details		
Make:	Model:	
Year:	Expiry Date:	

Insurance Details – Copies of Certificates of Currency Required	
Comprehensive Insurance	
Minimum Sum Insured Required:	Minimum \$30,000,000 third party liability Minimum 700km radius restriction from Coastal Transport Services offices
Value:	
Insurer:	
Policy No.	
Expiry Date:	
Public Liability Insurance	
Minimum Sum Insured Required:	Minimum \$20,000,000
Value:	
Insurer:	
Policy No.	
Expiry Date:	
Workers Compensation Insurance	
Minimum Sum Insured Required:	Policy for each state of operation
Value:	
Insurer:	
Policy No.	
Expiry Date:	
Comprehensive Trailer in Control Insurance	
Minimum Sum Insured Required:	Minimum \$150,000
Value:	
Insurer:	
Policy No.	
Expiry Date:	
Marine Transport Insurance	
Minimum Sum Insured Required:	Full Comprehensive, minimum \$300,000 Minimum 700km radius restriction from Coastal Transport Services offices
Value:	
Insurer:	
Policy No.	
Expiry Date:	

Bank Details	
Bank:	
Branch:	
BSB:	
A/C No:	

Relevant Trade References	
Please provide contact details of two recent customers or companies that are able to give us further information	
Reference 1	
Contact Name:	
Contract Number:	
Business:	
Reference 2	
Contact Name:	
Contract Number:	
Business:	

Payment Terms
Coastal Transport will pay tax invoices for Services provided by cheque or electronic funds transfer to the Contractor within 30 days after being invoiced. Invoices are rendered fortnightly. Coastal Transport Services will process these payments on one of two payment dates: <ul style="list-style-type: none"> • Mid-Month • Month End The Contract Fee is exclusive of GST

Contractor Declaration	
I hereby submit this application to Coastal Transport Operations Pty Ltd and I declare the information I have provided is accurate and true.	
Name:	_____
Date:	_____
Signature:	_____

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Application Checklist

Please ensure all relevant information is supplied with your application and submitted to HR@coastaltransport.com.au

Please direct all queries to the above e-mail.

Copy/s Attached

Public liability Insurance:	Yes / No
Workers Compensation Insurance:	Yes / No
MV Comprehensive Insurance:	Yes / No
Marine Transport Insurance	Yes / No
Copy of Licences	Yes / No

Note: Please ensure that insurances provided meet the company's minimum requirements

Office Use Only

Date Received:	
Minimum Insurances:	