

# COMMERCIAL MOTOR PROPOSAL



## IMPORTANT NOTICE

### MATERIAL FACTS

"You" (this means every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence decision to accept this insurance and, if so, on what terms. You need to disclose both facts known to you AND facts which you could have been reasonably expected to know about. If you are in any doubt as to whether a fact may be material, you should disclose it to ensure that any cover granted is not prejudiced.

### NON DISCLOSURE/MISSTATEMENT

If you fail to comply with your duty of disclosure, you may be entitled to avoid the contract altogether, and so decline to pay any claim.

### JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

### COMPLETION NOTES

- Please answer ALL questions fully. If you need extra space please attach additional pages on your company letterhead and mark their inclusion on the Proposal Form.
- PLEASE ENSURE YOU READ AND SIGN THE DECLARATION.

1. Insured
2. Period of insurance
3. Motor vehicles to be insured

Description/Make & Model	Year of Manufacture	Tick if over 3.5 tonne	Use 'P' or 'C'	Type of Cover*	Serial/Registration Number	Sum Insured
1.						\$
2.						\$
3.						\$
4.						\$
5.						\$
6.						\$
7.						\$
8.						\$
9.						\$
10.						\$

\*TYPE OF COVER available are: "F & T" = Fire and Theft  
 "TPO" = Third Party Only  
 "COM" = Comprehensive Cover - own damage and 3rd party liability  
 "TFT" = Third Party, Fire and Theft

4. Is voluntary excess required? Yes  No  If Yes, how much? \$

5. Please list the usual drivers of the above vehicles, their date of birth and how long they have held their driver's licence

Name	Registration Number	Date of Birth	Years Licence held
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

6. Have you or any of the usual drivers of the above vehicles had any accidents, driving convictions and/or claims in the past 3 years?

Yes  No

If Yes, please provide details


**DECLARATION**

Signed

Printed name

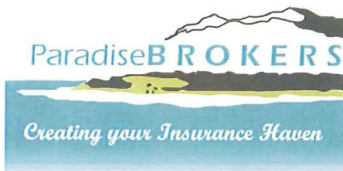
Position

Date  /  /

I/We declare on behalf of all proposed insureds that:

- (a) all answers and statements in the proposal form(s) are correct and complete in every respect and there is no further information which may affect acceptance of the proposal;
- (b) if accepted by The Insurer, the proposal form(s) and declaration, and any other material which I/we have provided to The Insurer, shall be incorporated into and form the basis of the contract of insurance;
- (c) I/We understand that The Insurer requires this information (which will be retained by The Insurer) in order to decide whether to accept this proposal, and also that the Privacy Act 1993 entitles me/us to have access to and request the correction of this information;
- (d) The Insurer is authorised to disclose information received from me/us to its advisors, reinsurers and to other insurers. I/We authorise The Insurer to obtain, from any party, information that is, in The Insurer's view, relevant to this proposal;
- (e) I/We understand that the insurance will not be in force until this proposal has been accepted and cover confirmed by The Insurer.

NOTE: Signing the proposal(s) and any supplementary questionnaires does not bind either the applicant or The Insurer to complete the insurance.



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