

Commercial Motor Vehicle Proposal

Important notice

Material facts

'You' (this includes every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence QBE Insurance's decision to accept this insurance and, if so, on what terms. You need to disclose facts both known to you and those which you could have been reasonably expected to know about. If you are in any doubt as to whether or not 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, QBE may be entitled to avoid the contract altogether, and therefore decline to pay any claim.

Jurisdiction

Except where the parties agree otherwise, the laws of New Zealand apply to this form and any dealings between the parties arising from this form. The New Zealand courts have exclusive jurisdiction in relation to any disputes that may arise.

How to complete this form

- You must answer all questions fully and, if you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker

Company

Individual

A Applicant details

1. Name

2. Trading as

3. Contact

Address

Phone

Mobile

Email address

4. Website address

5. Please describe the general nature of your business.

B Cover required

1. Period of Insurance

From 4pm

/ /

To 4pm

/ /

2. Excess

standard (NZD 500)

OR

voluntary increase to

NZD



C Vehicle/driver details

1. Please provide details of all vehicles to be insured:

Make and model	Year	Registration number	Type of cover *	Sum insured
1.				NZD
2.				NZD
3.				NZD
4.				NZD
5.				NZD
6.				NZD
7.				NZD
8.				NZD
9.				NZD
10.				NZD

* Third Party Only = TPO; Third Party, Fire and Theft = TPFT; Comprehensive (own damage + Third Party liability) = Comp.

2. Are any vehicles over 3.5 tonnes in Gross Laden Weight?

Yes No

If 'Yes', please provide details.

3. Please provide details of the usual drivers.

Name	Date of birth	Years licence held
1.	dd / mm / yyyy	
2.	dd / mm / yyyy	
3.	dd / mm / yyyy	
4.	dd / mm / yyyy	
5.	dd / mm / yyyy	
6.	dd / mm / yyyy	
7.	dd / mm / yyyy	
8.	dd / mm / yyyy	
9.	dd / mm / yyyy	
10.	dd / mm / yyyy	

4. Have any of the usual drivers had any accidents, driving convictions and/or claims within the past three years?

Yes No

If 'Yes', please provide details.

D Prior insurance

1. Has any insurer ever:

- (a) declined to insure you? Yes No
- (b) cancelled or refused to renew your policy? Yes No
- (c) imposed special terms or conditions? Yes No

If 'Yes' to any of the above, please provide full details.

Declaration

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

- a All answers and statements in this proposal are correct and complete in every respect and there is no further information which may affect acceptance of the proposal.
- b If accepted by QBE, this proposal and declaration, and any other material which I/we have provided to QBE, shall be incorporated into and form the basis of the contract of insurance.
- c I/We understand that QBE requires this information (which will be retained by QBE) in order to decide whether or not to accept this proposal, and also that the Privacy Act 2000 entitles me/us to have access to, and request the correction of, this information.
- d QBE is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise QBE to obtain, from any party, information that is, in QBE'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 QBE.

Note: Signing this proposal and any supplementary questionnaires does not bind either the applicant or QBE to complete the contract of insurance.

Signed by applicant	Date	dd / mm / yyyy
Printed name	<input type="text"/>	Phone	<input type="text"/>
Position	<input type="text"/>	Mobile	<input type="text"/>
Email address	<input type="text"/>		

PRINT