



COMMERCIAL MOTOR INSURANCE PROPOSAL

Underwritten by Allianz New Zealand Ltd

Proposer: Policy No:

Address:

Telephone No: Day Mobile Fax

Bus/Occupation: No of Years in Bus:

Area of Operation:

Period of Insurance from/...../..... to/...../..... at 4:00 pm

VEHICLES – List below or attach details as appropriate:

Item	Vehicle (year, make model & body type)	Reg. No.	Carrying Capacity	Goods Carried	Max. Operational Radius from Base	Sum Insured
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

- Note: Sum Insured should include all accessories affixed to the Insured Vehicles, but should exclude GST and should be no less than Market Value.

OTHER INTERESTED PARTIES: Please advise details of any Vehicle subject to finance.

Item No.	Finance Company	Item No.	Finance Company	Item No.	Finance Company

INTENDED DRIVERS – Continued from previous page

Name	Age	Years licenced this class of vehicle	Years employed

CASUAL OR RELIEF DRIVERS – If any are employed please supply details including any vetting procedures used.

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DRIVING HISTORY – Have you or any of your intended drivers

- a) Been convicted in the last 5 years for:
 - Any offence involving suspension, cancellation or endorsement of a motor vehicle driving licence. YES / NO
 - Any alcohol related offence, drug offence or criminal offence. YES / NO
 - Any log book offences. YES / NO

- b) Suffered from any physical or mental disability or any medical condition (eg. Epilepsy, diabetes, heart condition, faulty eyesight) which could affect your driving performance? YES / NO

If “**Yes**” to any of the above questions please supply full details:

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What driver education is provided?

PROPOSER INFORMATION

Please advise all accidents in the last 3 years, whether or not subject of any insurance claim, involving any vehicle owned by you. List below or attach schedule as appropriate.

Date	Accident Description	Cost Incurred

Have you or anyone involved in ownership or management of the business:

- a) Ever had insurance declined, cancelled, renewal refused or special conditions imposed? YES / NO
- b) Ever had a claim declined by an insurer? YES / NO
- c) Ever been wound up, liquidated or made insolvent? YES / NO

If yes to any of the above questions please supply full details?

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Please list insurers who have provided you commercial motor vehicle insurance in the last 3 years?

Insurance Co	Branch	From	To

Please read and sign this declaration to complete your proposal

PLEASE NOTE: You have an important duty to disclose any circumstances which may influence our decision to accept your insurance and on what terms. This is a positive duty that extends beyond the questions in this proposal.

Declaration

I/We declare and warrant that:

- (a) The vehicle(s) is not otherwise insured.
- (b) The sum(s) insured represents the full market value of the vehicle(s) insured.
- (c) I/We will exercise all due care and diligence to prevent loss or damage.
- (d) The information given below is correct in every respect.
- (e) I/We have told Motor & General Underwriting Agency Ltd everything which is likely to affect the acceptance of the insurance.
- (f) The declaration and proposal shall be the basis of this contract.
- (g) I/We agree to accept the Company's Motor Vehicle Policy subject to the terms and conditions contained therein.
- (h) I/We authorise Motor & General Underwriting Agency Ltd to give to or obtain from other insurers or any insurance broker or financial institution any information relating to this insurance or any other insurance held by me/us .or any claim made by me/us.

Declaration

I/We understand that:

- (a) Motor & General Underwriting Agency Ltd is collecting information on this proposal to evaluate my insurance requirements.
- (b) Failure to provide any of this information may result in Motor & General Underwriting Agency Ltd refusing to provide the insurance.
- (c) I/We am/are obligated to advise Motor & General Underwriting Agency Ltd of any information which may be material to its consideration of this application.
- (d) I/We have certain rights of access to and correction of this information subject to the provisions of the Privacy Act 1993.

Signature:

Date:.....

Name (Printed):.....