



Delta Commercial Motor Vehicle Proposal form



IMPORTANT INFORMATION

This proposal forms the basis of any insurance contract entered into. Please complete it fully and carefully, remembering to sign the Declaration. If you have insufficient space to complete any of your answers please continue on a separate attachment.

If you are completing this form electronically, please open it in the latest version of Adobe Reader. Once completed, please print out and sign the declaration. This signed form should then be posted or emailed to your broker.

You have an ongoing duty to disclose all material facts, both known to you and those which you should be reasonably expected to know about. If you are uncertain whether the fact is material, you should still disclose it. Failure to meet this duty could prejudice future claims.

Except where the parties agree otherwise, New Zealand law applies to this form and any dealings between parties because of this form. In the case of disputes, the New Zealand courts have exclusive jurisdiction.

APPLICANT DETAILS

- 1 Name of Applicant/Insured:
- 2 Company name/Legal entity/Trading names/Subsidiaries:
- 3 NZTA number:
- 4 Occupation:
- 5 Website:
- 6 Email:
- 7 Phone:

RISK DETAILS

- 8 Risk Location/s:
- 9 Period of Insurance (dd/mm/yy) from 4:00pm to 4:00pm:

VEHICLE DETAILS

Please provide a fleet schedule of year, make, model and sum insured. If you are a dealer with stock vehicles, please also complete the dealership section for stock. Sum Insured: The Sum Insured shall reflect the market value and include sign writing / wraps and all accessories affixed to the insured vehicle excluding GST.

- 10 Do any vehicles have specialised modifications/fitouts? Yes No
If yes, please provide details

11 What is the maximum accumulation at any one site at any one time?

- 12 Do any vehicles have any financial interest registered against them? Yes No
If yes, please provide details

VEHICLE USE

- 13 Do any of your vehicles travel over 150km in each trip more than once a week? Yes No
- 14 Do any vehicle(s) operate for more than 13 hours a day? Yes No

- 15 Are any vehicles used for bulk transportation of dangerous goods? Yes No
If yes, what goods
- 16 Do you hire out any of your vehicles without your driver? Yes No
If yes, please provide a copy of the hire agreement
- 17 Has any vehicle been altered from the manufacturer's original specifications? Yes No
If you answered yes, please provide details

OPTIONAL EXTENSIONS SECTION 1

- 18 Loss of Use/Loss of Profits? Yes No
- Daily Limit
 - Maximum Number of Days
 - Excess/Stand down period
 - Aggregate Limit (if applicable) \$

OPTIONAL EXTENSIONS SECTION 2

- 19 Property in Transit/Third Party Property ? Yes No
If yes - Limit required \$

OPTIONAL EXTENSIONS SECTION 1 & 2

- 20 Difference in Excess: Yes No
- 21 Hired/Rented Vehicles: Yes No
- Maximum number of Hired / Rented vehicles at any one time:
 - Maximum value of vehicles at any one site? \$
- 22 Employees Vehicles: Yes No
- Maximum number of employee vehicles on site, at any one time:
 - Maximum Sum Insured of any one vehicle: \$

DEALERSHIP

- 23 Type of Dealer Major Franchise Used Retailing to Public Wholesaling to Dealers
If franchise, what brands
- 24 Maximum number of vehicles at any one time:
- 25 Maximum value of any one vehicle: \$
- 26 Maximum value of all vehicles at any one time: \$
- 27 Type of Vehicles (i.e. Family, Sports, 4x4, Budget, Light Commercial, Heavy Commercial, Farm, Motor Bikes):
- 28 Are vehicles ever sold on behalf of others? Yes No
If yes, please provide a copy of the agreement
- 29 Number of D-Plates and Registrations (if applicable):

30 Number of Employees:

31 How many employees, owners or owners' family have stock vehicles for their own use?

32 Are vehicles ever given, hired out or loaned to prospective or existing customers for periods longer than 12 hours?

Yes No

33 Please provide details of your process for test drivers?

34 Are vehicles ever given, hired out or loaned to sports groups, community groups, charity organisations or other parties for periods longer than 12 hours?

Yes No

35 Do you have any secondary site (s) for sales, storage, servicing, or cleaning?

Yes No

If yes, please provide details

36 Please provide details of security of vehicle keys during business hours:

37 Physical security after hours:

Alarms:

Security Patrol:

Vehicle Keys:

Fences:

Lighting:

Neighbouring premises:

INSURANCE HISTORY

Please provide a minimum 5 years Insurers claims experience.

38 Have you had any accidents, claims or losses, not the subject of an insurance claim, in the past 5 years? Yes No

If yes, please give full details

39 Have you ever had a claim declined by an insurer?

Yes No

40 Have you ever been refused insurance, refused to have insurance continued, or had special terms imposed on you by any insurer?

Yes No

41 Is there any other information which could affect the acceptance of this insurance?

Yes No

For Partners, Principals, Directors, Officers, Trustees and Senior Employees:

42 Have there been any claims made against you?

Yes No

43 Are you aware of any circumstances which could give, rise to a claim under your policy with Delta Insurance New Zealand Limited, other than those disclosed on your last proposal/declaration form?

Yes No

If yes, please provide full details

44 Where you have suffered a loss due to the dishonesty or fraud of employees or third parties please describe what corrective measure you have taken to prevent similar losses?

You are reminded that:

Any material changes to the business during the Period of Insurance must be advised immediately to Delta Insurance New Zealand Limited. This form must be completed by a person authorised to do so on behalf of the Insured.

DECLARATION

On behalf of all proposed Insured's I/We declare and agree that all information provided in this proposal or attachments is true and correct in every respect and that all information that may be material in considering this proposal form has been fully and accurately disclosed to Delta Insurance New Zealand Limited in writing in a manner which would not mislead a prudent insurer.

I/We agree that this declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided (amongst other things) if any statement in this proposal is "substantially incorrect" or "material" as both terms are defined in the Insurance Law Reform Act 1977.

I/We undertake to inform Delta Insurance New Zealand Limited of any material alteration to the above information whether occurring before or after the completion of this insurance contract.

In providing this information, I agree to Delta Insurance New Zealand sharing this information with our third party vendors associated with this insurance package.

I/We understand that:

- (a) I/We am/are obliged to advise Delta Insurance New Zealand Limited of any information which may be material to its consideration of this application. This information includes all information I/We know (or could reasonably be expected to know) which could influence the judgement of Delta Insurance New Zealand Limited whether or not to accept this application and (if accepted) on what terms, including cost and otherwise.
- (b) Failure to provide this information may result in Delta Insurance New Zealand Limited refusing to provide the insurance.
- (c) I/We have certain rights of access to and correction of this information.

Full name & title of individual:

Signature of Policyholder:

Date:

Position Held:



Lloyd's is a member of the Insurance Council of NZ and we adhere to the Fair Insurance Code, which provides you with assurance that we have high standards of service for our customers.