

# Commercial Motor Proposal



Insured Name \_\_\_\_\_

Insured Occupation \_\_\_\_\_

Where is Vehicle Operated \_\_\_\_\_

(ie: Wellington, Upper North Island, NZ Wide)

Vehicle Year \_\_\_\_\_ Vehicle Make/Model \_\_\_\_\_

Vehicle Registration \_\_\_\_\_ Vehicle Sum Insured \_\_\_\_\_

(must be current market value and include signwriting and all affixed accessories)

Has the vehicle been altered from manufacturers original specifications?  Yes  No

If yes please provide full details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you require insurance for more than one vehicle please enter these details on the following page.

Are any principal drivers under the age of 25?  Yes  No

If yes please provide name, date of birth and licence status.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or any intended driver

- Been convicted of a motoring offence other than parking  Yes  No
- Had any motor accidents in the last 3 years  Yes  No
- Been charged with a log book offence  Yes  No
- Had your licence endorsed, cancelled or suspended  Yes  No
- Had any insurance declined, cancelled or special terms imposed  Yes  No
- Been charged with a criminal offence  Yes  No

If you have answered Yes to any of the above please provide full details below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you

- Hire out any of your vehicles without a driver  Yes  No
- Carry toxic chemicals, acids or explosives  Yes  No
- Carry inflammable liquids or gases  Yes  No
- Operate your vehicle more than 11 hours a day  Yes  No
- Have any vehicles over 3,500kg that have a regular run of 120kms outside City limits  Yes  No

If you have answered Yes to any of the above please provide full details below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other Material Fact which could affect the acceptance of this insurance?  Yes  No

If you have answered Yes to any of the above please provide full details below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Commercial Motor Insurance Policy does not automatically cover Loss of Use. This is cover for the costs of hiring a vehicle should yours be damaged in an accident. This cover can be included for an additional premium. Do you require a quote for this?

Yes  No

Full Name of Proposer \_\_\_\_\_  
Company Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete additional vehicle details here:

Vehicle Year \_\_\_\_\_ Vehicle Make/Model \_\_\_\_\_  
Vehicle Registration \_\_\_\_\_ Vehicle Sum Insured \_\_\_\_\_  
(must be current market value and include signwriting and all affixed accessories)

Has the vehicle been altered from manufacturers original specifications?  Yes  No

If yes please provide full details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vehicle Year \_\_\_\_\_ Vehicle Make/Model \_\_\_\_\_  
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\_\_\_\_\_