

# Commercial Motor Vehicle

## APPLICATION FORM



Agent name: \_\_\_\_\_ Policy number

### YOUR DUTY OF DISCLOSURE

You must tell us all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent underwriter whether or not to accept your application, and if it is accepted, on what terms and at what cost.

#### Examples of information you may need to disclose include:

- ▶ anything that increases the risk of an insurance claim;
- ▶ any criminal convictions in the last 7 years or where imprisoned;
- ▶ if another insurer has cancelled or refused to renew insurance, or has imposed special terms;
- ▶ any insurance claim you have made in the past.

#### Examples of information you do not need to disclose include:

- ▶ anything that reduces the risk of an insurance claim;
- ▶ anything we say you do not need to tell us about;
- ▶ anything that is common knowledge;
- ▶ anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. If you are not sure whether you need to disclose a particular piece of information, please ask.

**WHEN IN DOUBT – DISCLOSE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY.**

### UNDERINSURANCE

1. Some of the insurance policies contain a provision making them subject to average.
2. That provision will have effect only if the property insured under the policy is underinsured at the time of loss.
3. If the property insured under the policy is underinsured at the time of loss, the following will apply:
  - (a) if you suffer total loss, the provision will have no effect.
  - (b) if you suffer a partial loss, the maximum amount you may recover will bear the same proportion to your actual loss as the amount for which the property insured bears to the full value of the property.
  - (c) whatever your loss, in no case will you be entitled to recover more than the amount for which the property is insured.

**For example:** Your property is worth \$20,000. You insure it for \$10,000. You suffer a loss of \$5,000. If your policy is subject to average, the maximum amount you may recover will be \$2,500.

### DETAILS OF APPLICANT(S)

New client ☐

Existing client ☐

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

#### POSTAL ADDRESS

Number/Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Town/City: \_\_\_\_\_

#### CONTACTS

Business phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Private phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Customer's occupation: \_\_\_\_\_ ANZSIC code (if known): \_\_\_\_\_

Area of operation: \_\_\_\_\_

Period of insurance from: \_\_\_\_\_ to: \_\_\_\_\_ at 4pm

Interested parties: \_\_\_\_\_

### PAYMENT OPTIONS

How do you wish to pay?

Annually ☐

Quarterly\* ☐

Monthly\* ☐

\*Please complete the Flexisteps Pay Plan form

# Commercial Motor Vehicle / APPLICATION FORM

## VEHICLE DETAILS

**Hybrid/Fuel Efficient Vehicles:** Please indicate if the vehicle is a Hybrid (H) or Fuel Efficient (F) vehicle. Only vehicles with an efficiency rating of 5.5 litres per 100km or less and can be identified as such on [www.rightcar.govt.nz](http://www.rightcar.govt.nz) or the current NZI list of Fuel Efficient vehicles on [www.nzi.co.nz](http://www.nzi.co.nz) qualify.

**Gross Vehicle Weight or CC Rating:** For cars, utes, vans and light trucks up to 3,500kgs, please provide the engine cc rating (e.g. 2000cc). For trucks, trailers, mobile plant over 3,500kgs, please provide the gross laden weight (GLW). Gross laden weight means the vehicle weight plus load capacity.

**Sum Insured:** The Sum Insured shall include sign writing and all accessories affixed to the insured vehicle, but should exclude GST and be no less than market value.

**Cover Type:** Please indicate which cover is to apply in the cover column above:

**C** = Comprehensive.      **F** = Third Party, Fire Theft and Illegal Conversion.      **T** = Third Party only.

**Named Driver Discount:** For business cars only (i.e. not truck, vans, etc.) you can choose to apply for a Named Driver Discount for up to two drivers, aged 25 or over, per car. If you would like to apply for this discount, please tick relevant column.

No.	Year of manufacture	Make, model and type of vehicle	Hybrid/fuel efficient	Registration number	Gross laden weight or cc rating	Sum insured	Cover type	Named driver discount	
								Yes/No	Driver's names
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

## OPTIONAL EXTENSIONS

TICK where required. Please refer to policy wording for full definitions of extension. If an increase to the standard policy limits is required, please provide details.

	Item	1	2	3	4	5	6	7	8	9	10
SMP	Agreed Value – Specialist Mobile Plant Only (Valuation Required)										
AMP	Appreciation – Mobile Plant Only										
303	Foreign Objects										
LOU	Loss of Use										
RFC	Liability for Rental Vehicles (Full Cover)										
RRE	Liability for Rental Vehicles (Restricted Cover)										

# Commercial Motor Vehicle / APPLICATION FORM

## VEHICLE USE

1. Do any of your vehicles have a regular run of over 150km in each run more than once a week? Yes ☐ No ☐
2. Do the vehicle(s) operate for more than 10 hours a day? Yes ☐ No ☐
3. Are any of the vehicles designed and used for bulk transportation of inflammable liquids or gases? Yes ☐ No ☐
4. Do you carry toxic chemicals, acids, explosives or items considered dangerous? Yes ☐ No ☐
5. Do you hire out any of your vehicles without your driver? Yes ☐ No ☐
6. Are any vehicles used, or intended to be used, airside at any airport? Yes ☐ No ☐
7. Are the vehicles fitted with any anti-theft devices or fire extinguishers? Yes ☐ No ☐
8. Has any vehicle been altered from the manufacturer's original specifications? Yes ☐ No ☐

If you answered 'Yes', to any of questions 1 to 8 above, please give details below and/or on a separate page.

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9. Where are the vehicles normally housed when not in use? (i.e. locked garage, locked yard, etc). \_\_\_\_\_

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10. Are any of your vehicles principal drivers under 25 years of age? Yes ☐ No ☐

If 'Yes', please give full details:

Full name of driver	Date of birth	Male/Female	Years licensed	Vehicle driven

## PREVIOUS INSURANCE

1. Have you previously held motor vehicle insurance? Yes ☐ No ☐

If 'Yes', please list all insurers for the last 5 years:

Insurance company	Branch	Period from	Period to	Policy (if known)

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

If 'Yes', please give full details, and/or on a separate page:

Date of event	Description of event	Insurance company	Total cost

## Commercial Motor Vehicle / APPLICATION FORM

3. Have you ever had a claim declined by an insurer?

Yes ☐ No ☐

If 'Yes', please state insurer and give full details of accident: \_\_\_\_\_

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

Yes ☐ No ☐

If 'Yes' please state insurer and give full details: \_\_\_\_\_

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### GENERAL QUESTIONS

1. Does anyone (other than the Insured) have a financial interest in any of the vehicles?

Yes ☐ No ☐

If 'Yes', please give details of interested party: \_\_\_\_\_

Name: \_\_\_\_\_

#### POSTAL ADDRESS

Number/Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Town/City: \_\_\_\_\_

2. Have you, or anyone else who will drive the vehicles:

(a) Ever been charged with a log book offence?

Yes ☐ No ☐

(b) Ever had a driver's license endorsed, suspended or cancelled?

Yes ☐ No ☐

(c) Ever had insurance declined or cancelled or had special terms imposed?

Yes ☐ No ☐

(d) Ever been indefinitely disqualified from driving for repeat alcohol or drug related driving offences?

Yes ☐ No ☐

(e) Ever:

(a) been imprisoned for any criminal or driving offence, or

(b) had any other conviction or fine for any other criminal or driving offence within the last 7 years, or

(c) had any prosecution pending for any criminal or driving offence?

Yes ☐ No ☐

If you have answered 'Yes', to any part of question 2, please give full details below and/or on a separate page

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

Yes ☐ No ☐

If 'Yes', please give full details: \_\_\_\_\_

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# Commercial Motor Vehicle / APPLICATION FORM

## PRIVACY ACT STATEMENT

We gather information about you (including your claims history) to consider your application for insurance. Your duty of disclosure requires you to do this. If you refuse to provide the information, we may decline your application or declare this policy unenforceable from the beginning.

This information is held by us and you may access and seek correction of it. It may be passed on to other insurers you deal with, and interested parties.

Your claims history is passed on to, and held by, Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.

## AGREEMENT

I agree that:

### 1. MATERIAL FACTS

(a) All information given to NZI (whether verbal or written) is true and correct;

(b) All material facts have been disclosed. (See 'Your Duty of Disclosure');

### 2. TERMS OF POLICY

The terms of NZI's policy are accepted;

### 3. USE OF INFORMATION

(a) My personal information collected by NZI may be:

(i) used by NZI to advise me of its other services;

(ii) disclosed to other members of the insurance industry and Insurance Claims Register Ltd., and to parties who have a financial interest in the subject matter of the policy;

(b) My personal information held by other members of the insurance industry and Insurance Claims Register Ltd., may be disclosed to NZI.

### 4. AGENCY

Anyone who assists me to complete this Application Form is acting as my agent only.

**Signed by the customer or customer's broker or agent:**

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Position (Director, Secretary etc.): \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

## OFFICE USE FOR FLEXISTEPS ONLY

Agent no: \_\_\_\_\_ Client no: \_\_\_\_\_ Review date: \_\_\_\_\_

Abbreviated name: \_\_\_\_\_ Pay plan: \_\_\_\_\_

Service codes: \_\_\_\_\_ Months paid: \_\_\_\_\_ Premium paid: \$ \_\_\_\_\_

Office: \_\_\_\_\_ By: \_\_\_\_\_ ANZSIC code: \_\_\_\_\_ First instalment date: \_\_\_\_\_ Receipt no: \_\_\_\_\_

### UNDERWRITING ACTION

### ACCEPTANCE ACTION

Survey on file? No ☐ Yes ☐

Survey required? No ☐ Yes ☐

RI classification: No ☐ Yes ☐

Accum. Reg Advice? No ☐ Yes ☐

Date A.R. Advised: No ☐ Yes ☐

Reinsurance required? No ☐ Yes ☐

Serviced by code: \_\_\_\_\_

Personal authority? No ☐ Yes ☐

Manager authority? No ☐ Yes ☐

Head office UAA? No ☐ Yes ☐

Accepted by: \_\_\_\_\_

Date accepted: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_