

Personal details

Full Insured Name: _____

Date of birth: _____

Occupation: _____

Postal address: _____

Home Phone: _____

Mobile: _____ Email: _____

Start date of policy: _____

Is there finance owing on the vehicle? Yes No

If yes to who and how much? _____

Your Vehicle Details - What are we insuring?

1. What kind of vehicle is this? Motorhome Caravan Fifth Wheeler Horse Truck Cabin/Tiny House Other

2. Does vehicle require a WOF or COF? WOF (under 3.5 tonne) COF (over 3.5 tonne)

3. Is vehicle your permanent residence? Yes No

4. Is your vehicle permanently sited: Yes No

4b. Will the wheels remain on the vehicle? Yes No

4c. Will the caravan have any permanent structure attached: Yes No

5. Year of vehicle: _____

6. Manufacturer and model: _____

7. Registration: _____

8. Date of purchase: _____

9. Current Market Value: _____

Declaration questions - Do you or any intended rider have the following?

1. A learners, restricted, or any other license type other than a full NZ license: Yes No

2. Any "at fault" accidents in the last 5 yrs: Yes No

3. A DIC or loss of license within the last 5 yrs: Yes No

4. 5 or more traffic tickets in the last 5 yrs: Yes No

5. Will the vehicle be used for any commercial purpose: Yes No

6. Any medical conditions which could affect driving ability: Yes No

9. Any insurance cancelled or renewal refused or any claim declined in the last 5 yrs: Yes No

10. Any criminal convictions or pending prosecutions: Yes No
You should not disclose any information about offences that can be withheld under the Criminal Records (Clean State) Act 2004.

If you answer "YES" to any of the questions above, please provide full details below.

Important Information

Your Duty of Disclosure

You must tell us everything you know (or could be reasonably expected to know) that a prudent insurer would want to take into account in deciding:

- a) whether to accept your proposal and if so, on what terms
- Examples of what you must tell us include:
- anything that increases the risk of a claim
 - any criminal offending or convictions
 - any previous insurance claims that cannot be withheld under the Criminal records (Clean State) Act 2004
 - any refusal by another insurer to insure you on standard terms, or continue to insure you on standard terms.

You have this duty every time this policy renews, or when you request any changes to it. If you fail to do this, we may avoid the policy retrospectively. You will have no insurance at all. When in doubt, disclose.

Change of circumstances

You must tell us of any material changes in your circumstances after the policy starts or during the currency of the cover and/or after any renewal.

Declaration

To be completed by the insured(s) shown and also on behalf of any other person covered by these insurances.

- I/We declare that all information contained in this form and on any attachments are complete and correct.
- I/We have disclosed all information relevant to the acceptance of the proposal, including all information as noted in "Your Duty of Disclosure".
- I/We agree that this proposal shall be the basis of the contract between me/us and Star Underwriting Agents Ltd and Vero Insurance NZ Ltd and I/We am/are willing to accept the terms, conditions and exclusions for this insurance contract.
- The market value of the motorcycle means the price you paid for the vehicle or the cost of replacing the vehicle in New Zealand whichever is the lesser amount,

with one of the same make, model, specification, mileage, age and condition.

- I/We understand that this proposal requests information about me/us which is held by the intended recipients – Star Underwriting Agents Ltd, PO Box 97-954, Manukau City, Auckland 2241 and Vero Insurance NZ Ltd, Private Bag 92 120, Auckland to evaluate my application for insurance and service my policy. Failure to provide the information sought may result in my/our application being declined and my/our insurance being void from the beginning.
- I/We authorise Star Underwriting Agents Ltd and Vero Insurance NZ Ltd to:
 - Exchange information with other insurers, financial institutions who have any interest in the property insured, and the Insurance Claims Register, PO Box 474, Wellington, to assess my/our application for insurance and to place information of the Insurance Claims register which other insurers can access;

- Give to or obtain personal information from any party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.
- I/We understand that there are rights of access to and correction of information held by Star Underwriting Agents Ltd, Vero Insurance NZ Ltd, and the Insurance Claims Register.
- Star Underwriting Agents Ltd act as agents of Vero Insurance New Zealand Ltd not as your agent. The policy is underwritten by Vero Insurance New Zealand Ltd and references above to "us" means Star Underwriting Agents Ltd and Vero Insurance New Zealand Ltd.

Signature: _____

Insurer Financial Strength Rating

Vero Insurance New Zealand Limited has been given an A+ insurer financial strength rating by Standard & Poor's. The Ratings Outlook is stable. The rating scale is: AAA Extremely Strong AA Very Strong A Strong BBB Good BB Marginal B Weak CCC Very Weak CC Extremely C Regulatory Action Plus (+) or Minus (-) signs follow ratings from 'AAA' to 'CCC' show relative standing within the major rating categories.

Save As

Submit

Admin Use

Premium Quoted \$ _____ Excess Quoted \$ _____

Dealer / Broker: _____

Has dealer collected premium? Yes No

Name on credit card: _____

Master Card VISA Expiry Date: _____

Card Number: _____ CSC: _____