

## Personal Details

Full Insured Name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_  
 Start date of policy: \_\_\_\_\_  
 Is there finance owing on the vehicle: No  Yes   
 If yes to who and how much? \_\_\_\_\_

## Your Motorcycle Details - What are we insuring? (Please attach list if more than one motorcycle)

1. Year of motorcycle: \_\_\_\_\_  
 2. Manufacturer and model: \_\_\_\_\_

3. Registration \_\_\_\_\_ 4. Date of purchase: \_\_\_\_\_  
 5. Market value \$ \_\_\_\_\_

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

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

1. A learners, restricted, or any other license type other than a full NZ license: Yes  No   
 2. 1 or more "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 motorcycle be used for any commercial purpose: Yes  No   
 6. Will anyone aged under 25 be riding the motorcycle: Yes  No

7. Will the motorcycle be stored in/under anything other than a locked garage: Yes  No   
 8. 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 Slate) Act 2004

## 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  
 b) if so, on what terms.

Examples of what you must tell us include:

- a) anything that increases the risk of a claim  
 b) any criminal offending or convictions  
 c) any previous insurance claims that cannot be withheld under the Criminal records (Clean Slate) Act 2004  
 d) any refusal by another insurance 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 R Regulatory  
 Action Plus (+) or Minus (-) signs follow ratings from 'AAA' to 'CCC' show relative standing within the major rating categories.

## Admin Use

Premium Quoted \$ \_\_\_\_\_ Excess Quoted \$ \_\_\_\_\_  
 Dealer / Broker: \_\_\_\_\_  
 Has dealer collected premium? Yes  No

Name on credit card: \_\_\_\_\_  
 Mastercard / Visa: \_\_\_\_\_  
 Expiry Date: \_\_\_\_\_ CSC \_\_\_\_\_