

PROPOSAL FORM



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;

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.

All questions must be answered. Please print and indicate ☒ where applicable. If there is insufficient space provided for answers, please write on a separate sheet and attach to the form.

Period of cover from to 4pm .

INSURED PERSON – MUST BE REGISTERED OWNER OF VEHICLE

Title	First name	Postal address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Date of birth	
<input type="text"/>	<input type="text"/>	
Club member		Mobile phone
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of club:	<input type="text"/>
<input type="text"/>		Daytime phone
		<input type="text"/>
		Email address
		<input type="text"/>

TYPE OF COVER

<input type="checkbox"/> Full cover	Estimated annual mileage
<input type="checkbox"/> Third-party only cover	<input type="checkbox"/> 5,000km <input type="checkbox"/> 8,000km <input type="checkbox"/> 10,000km
<input type="checkbox"/> Restoration and laid-up cover	<input type="checkbox"/> 15,000km <input type="checkbox"/> 20,000km <input type="checkbox"/> Unlimited

VEHICLE DETAILS – PLEASE COMPLETE PAGE 3 FOR ADDITIONAL VEHICLES

<input type="checkbox"/> Car <input type="checkbox"/> Motorcycle	Does the vehicle have any anti-theft devices?
Make	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give full details:
<input type="text"/>	<input type="text"/>
Model	
<input type="text"/>	
Sub-model	
<input type="text"/>	
Year of manufacture	Where is the vehicle usually stored?
<input type="text"/>	<input type="checkbox"/> Locked garage <input type="checkbox"/> Driveway/carport
Registration number	<input type="checkbox"/> Street <input type="checkbox"/> Other, please specify
<input type="text"/>	<input type="text"/>
Engine size (cc)	
<input type="text"/>	
Value of vehicle (\$NZ)	Address of where vehicle is stored, if different from above
<input type="text"/>	<input type="text"/>
<input type="text"/>	
Has the vehicle been modified?	Is the vehicle used for private purposes only?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please give full details:
<input type="text"/>	<input type="text"/>
Does the vehicle have added accessories?	Financial interest?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, finance company name and address:
<input type="text"/>	<input type="text"/>

DRIVER INFORMATION

Please list all likely drivers of the vehicle

Name	Date of birth	Year licence obtained	Licence type	% of use

DECLARATION QUESTIONS

The information you will be asked to provide below relates to you and all other persons likely to be in charge of your vehicle. Please carefully consider your answers to the following questions as they form the basis on which we will review your proposal. It is essential that the answers are truthful and accurate as they may affect any future claims made by you.

Have you, or anyone else who will drive this vehicle, had any motor vehicle accidents, damage or theft in the last five years (whether a claim was made or not)? ☐ Yes ☐ No

Have you, or anyone else who will drive this vehicle:

(a) ever been disqualified from driving for repeat alcohol or drug related driving offences? ☐ Yes ☐ No

(b) had any conviction or fine for any other driving offence in the last five years? ☐ Yes ☐ No

Have you, or anyone else who will drive this vehicle:

(a) ever been in prison for any criminal or driving offence? ☐ Yes ☐ No

(b) had any conviction or fine for either a criminal or driving offence in the last seven years? ☐ Yes ☐ No

(c) currently have any prosecution pending for either a criminal or driving offence? ☐ Yes ☐ No

Have you, or anyone else who will drive this vehicle, ever had insurance declined, cancelled been refused renewal or had any special conditions imposed? ☐ Yes ☐ No

Is there any other information likely to affect this insurance (e.g. licence demerit points)? ☐ Yes ☐ No

If you have answered 'yes' to any of the declaration questions above, please give full details including approximate date(s) below:

AGREEMENT

I/We agree that:

MATERIAL FACTS

- (a) All information given to Classic Cover (whether written or verbal) is true and correct; and
- (b) All information that is relevant to this insurance has been given.

TERMS OF POLICY

The terms and conditions of Classic Cover's policies are accepted.

USE OF INFORMATION

- (a) My personal information collected by Classic Cover may be:
- i used by Classic Cover to advise me of its other services
 - ii used in the administration of this policy and other policies I/we have with Classic Cover on which I am/we are named
 - iii disclosed to other members of the insurance industry and Insurance Claims Register Limited and to parties who have a financial interest in the subject matter of the policy.

- (b) Classic Cover may give or obtain information from appropriate individuals or organisations relating to this insurance for underwriting and other insurance purposes.
- (c) I/We may request access to and, if necessary, correction of this information in accordance with the Privacy Act 2020. The information will be held by Lumley, a business division of IAG New Zealand Limited, Private Bag 92130, Auckland 1142.

Where you provide Classic Cover with information about any other person, you confirm that you have authority from that person to disclose such information and to authorise Classic Cover to use and disclose the information in the administration of this policy and other policies on which that person is named.

SIGNATURE(S) OF PROPOSER (INSURED PERSON(S))	DATE
<div></div>	<div></div>

ADDITIONAL VEHICLE DETAILS

<input type="checkbox"/> Car	<input type="checkbox"/> Motorcycle
Make	
<input type="text"/>	
Model	Sub-model
<input type="text"/>	<input type="text"/>
Year of manufacture	Registration number
<input type="text"/>	<input type="text"/>
Engine size (cc)	
Value of vehicle (\$NZ)	
<input type="text"/>	<input type="text"/>
Has the vehicle been modified?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give details:	
<input type="text"/>	
Does the vehicle have added accessories?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give details:	
<input type="text"/>	

Does the vehicle have any anti-theft devices?

☐ Yes ☐ No If yes, please give full details:

Where is the vehicle usually stored?

☐ Locked garage ☐ Driveway/carport

☐ Street ☐ Other, please specify

Address of where vehicle is stored, if different from above

Is the vehicle used for private purposes only?

☐ Yes ☐ No If no, please give full details:

Financial interest?

☐ Yes ☐ No If yes, finance company name and address:

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